

**SOCIAL WORK PRACTICE WITH CHILDREN BEREAVED OF A PARENT:
COMPARING TWO MODELS OF INTERVENTION**

[3 Volumes]

VOLUME 2

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APPENDIX 1

THE DESIGN OF THE RESEARCH STUDY

Section 1a

The Research Design: Aims And Ethical Issues

Introduction

In this chapter the context for the study is briefly outlined against the background of existing services for bereaved children. The purposes of the research and the ethical problems this raised are discussed.

Context of the Research Study

The need for the study

The genesis and need for the study has been discussed in Chapter 1. To recapitulate briefly I proposed that there is a substantial population of bereaved children whose status as children in need is not recognised by the statutory social work agencies. Consequently, the services offered are inconsistent and rely upon practitioners in voluntary agencies, with all the vagaries of funding that implies.

Bereavement in childhood is associated with a broad and varied range of disturbances, both in the short and longer terms, therefore it is imperative that the resources available to children are used in effective interventions. This study seeks to analyse and evaluate the effectiveness of two models of intervention, one which is a standard approach and the other which has innovative features.

The two models of intervention within the study

The services offered by many, if not most specialist bereavement agencies [e.g. Cruse, hospices, Compassionate Friends etc.] have concentrated largely on addressing the needs of the adults in the family, either in the belief that these are the most influential family members or because the skills necessary for working with children had not been developed. On the evidence of the social workers who applied for the research and from my own experience of social workers' who practice in hospice and local authority settings, this cascade model of intervention was most commonly the method of choice.

The cascade model is based on the premise that benefits derived by the parent through counselling and practical support will be passed on in due course to the child. It has been argued [Part Two] that following bereavement there is reduced sensitivity in the parent to the child. This raises questions about the appropriateness and efficacy of the cascade model and suggests that a more child-inclusive approach is preferable.

The child-inclusive lateral model of intervention has been described in detail [see Chapter 7]. It seeks to match social work resources to the nature childhood bereavement and mourning in the context of the resources available within the child's family and school. The desired outcomes of the intervention have been discussed in detail in the previous chapter and constitute the measured outcomes for the study.

The Purpose Of The Research

There are four main academic and practice based aims to the research study.

- 1) To compare the effectiveness of the two models of social work intervention with children bereaved of a parent by cancer
- 2) To improve our understanding of the processes involved and specific effects of the intervention
- 3) To evaluate the process and effects in a standardised form
- 4) To eliminate the idiosyncratic variable of my practice

Ethical Issues

Ethical issues pertaining to good practice, confidentiality within the data collection and the counselling sessions, informed consent from the children and the relationship between the social workers and their supervisors were recognised as important factors which needed to be accommodated in the research design.

Good practice

I was aware that families receiving the experimental model of intervention would, if the hypothesis was upheld, be receiving a better service through the research study than those in the control group. However, even if this were the case, the model employed with the control group did not compromise standards of good social work practice because it was the standard model of intervention within hospice social work, the method of choice. The control group would in effect be receiving the service they would have received whether the social worker was involved in the research study or not.

Confidentiality

The issues of confidentiality and informed consent presented greater dilemmas.

Child protection: the boundaries of confidentiality within therapeutic work with a child are always conditional to the criteria of child protection. Good practice demands that the child is informed of these conditions before engaging in the first session. In order to ensure this issue was not avoided or overlooked, I included the child protection rider to confidentiality in the play contract on the first page of the Playwork Book.

Right to privacy: the principle of confidentiality extends to the child's right to privacy within the sessions. This is a sensitive issue which requires careful management. It is not uncommon for a parent to ask the child what he did in play sessions. Such questions may stem from any one of a number of motives, ranging from benevolent interest to intrusive curiosity. A parent may feel a degree of unease that the child is having a close relationship with another adult who is a relative stranger and her concerns may cause her to question the child. Although any unease is understandable, direct or persistent questioning compromises the child's freedom within the sessions. This issue was anticipated and addressed within the training.

The social worker was required actively to anticipate it arising by discussing it with the parent. This anticipatory approach was expected to forestall or moderate any

unease which might arise subsequently, whilst clarifying the need for confidentiality for both of them before the offer of sessions was made to the child.

The second cause for unease lay in the comparisons the child may make between the relationships he has with the social worker and the parent. The unconditional acceptance and relative permissiveness of the former can lead to unfavourable statements being made about the parent and further diminish the parent's self-esteem and confidence. It can also cause the parent to resent the social worker's fairy-godmother image with the child. This occurs so often as to be almost expected. The social workers were advised of this during the training and required to discuss it with the parent. Once again, this anticipatory approach of defining the phenomenon in terms of its context was adopted in order to reduce its impact should it arise.

Data collection: the element of research data is an additional complication with regard to confidentiality. Although case-recording is essential to good practice and its role is prescribed by established codes of conduct, there is a distinct difference between that and the collection of data essential to research. It was necessary to inform the parents and children on both counts. Firstly, they were informed that records would be kept by the social worker as part of standard social work practice and were available to them at any time. Secondly, that copies would be sent to me as part of the data collection.

In order to ensure this information was passed on to every parent, I included a letter to the parents in the social worker's research materials. The letter was written on Barnardo's headed notepaper [see appendices Control Group Parent Letter & Experimental Group Parent Letter] and addressed non-specifically to each parent but signed by me, by hand.

I was mindful of the need to construct a letter which had an appropriately professional tone without being overly cool. The content acknowledged the family's bereavement, described the purpose and process of the research and thanked the parent for her

willingness to help in the development of social work practice in this area. I offered to send a brief outline of the findings at the end of the study, via the social worker, in acknowledgement of the parent's contribution. I included my telephone number and address in case any parent wanted to get in touch with me directly. These measures were taken to ensure that the participants were aware of the principles of confidentiality and that they were upheld within the practice.

The children in the experimental group were asked by the social worker if she could photocopy the pages of his playwork book and send them to me. Once again the issue of confidentiality within research had to be considered and alongside the child's ability to give informed consent [see below]. I decided to offer to write to the child at the end of the sessions, if he wanted me to, and send a card, via the social worker, thanking the child for being so generous in letting me see his book. Most of the children took up this offer and I sent them cards which I illustrated by hand and which incorporated some appropriate personal element gleaned from the data [e.g. a liking for a particular football team, a favourite animal etc.]. These were well received by the children.

Informed consent: the issue of whether or not a child can give informed consent is an insoluble conundrum. Nevertheless it had to be considered within the process of the study and the differences between the two groups accommodated.

The children in the control group would not meet the social worker other than by chance or informally, therefore it was considered inappropriate to approach them directly to ask permission for recorded material concerning them to be forwarded to me. However, the parent was required to inform them of the study and advise them of this procedure.

This issue was of greater practical concern for the children in the experimental group because of their personal contribution to the data. I made a two-stage approach with this group; at the introductory stage and during the initial session. At the introductory

stage, the sessions and the research element were to be described to the child by the parent and he was to be asked if he wanted to meet the social worker. It was raised again during the initial session when the nature of the work was described in specific detail and the child's contribution was included in the contract.

The child was able to refuse to continue with the sessions at any time and this was made clear to the parent and child before the sessions started. In light of these repeated opportunities to withdraw it was highly significant that throughout the time of the research study none of the children wished to stop or reduce the number of sessions and two requested they be continued, which they were. This enhanced the findings about the models' effectiveness because in the experimental group of families the child's willingness to be involved or to remain involved with the sessions was not an issue.

Professional relationships: finally, I was aware that I needed to consider how to manage the relationship between the social workers, their supervisors and myself. This was both an ethical issue and a matter of professional courtesy. In order to avoid any political or administrative difficulties the social workers were required to discuss the research invitation with their managers and to ask for permission to respond. I anticipated that at some later stage it might have been necessary to discuss how the work was proceeding with the social worker. This conversation would be limited to the research case in hand or research-related matters and, as such, would not compromise the social worker's relationship with her supervisor. I expected that most supervisors would welcome the offer of support specific to the research practice and that this type of contact would not present a problem. However, in order to facilitate the smooth operation of the research and to demonstrate good practice and professional courtesy, I planned to contact each supervisor directly and, with the social worker's knowledge, negotiate this arrangement.

These matters constituted the ethical discussion within the research design.

Control Group Parent Letter

Dear Parent,

Thank you for agreeing to help with the research study. I can't know, so can only imagine how difficult things are for you at present, but I would like you to know that I appreciate your contribution to helping social workers improve the ways in which they are able to support families in similar situations to yours.

I am a social worker with Barnardo's Orchard Project, in Newcastle-upon-Tyne, and specialise in working with bereaved families with young children. Through my work I have come to realise that the loss of a parent during a child's early years creates many problems. As a parent myself I know that it is hard work bringing up children and we all need help and support, but to do that and manage all the worries that illness and bereavement bring may seem like an impossible task at times. It is understandable that most families will feel the benefit of extra help in these circumstances and that is where the hospice social worker has a special role to play.

However, we social workers need help to improve the quality of our service, so that we can be more effective in helping families resolve the crisis of bereavement. Young children are known to be particularly affected by the loss of a parent and it is especially important that we learn more about ways in which we can help them.

The research aims to draw together information and so gain a better understanding of the ways which are most effective in supporting families, like your own, through this most difficult experience. In order to achieve this it is necessary for social workers, other than myself, to help in the research by asking permission of the families with whom they are working to pass on certain information to me.

I am very grateful to you for your help in this work and want to reassure you that any information that is sent to me is anonymous and I will never know your full name or address. None of the information from individual families will be published outside the thesis. As with all social work records, you are encouraged to read whatever is recorded, as part of the open and honest relationship you have with your social worker. If there is anything which you do not want included in the information gathering part of the research study, please feel free to say so. Whatever information I do receive will be treated with the greatest care, confidentiality and respect.

If you are interested in the findings of the research, I would be very happy to send you a report once the study has been completed. If you just let your social worker know and that will be passed on to me. Your social worker should be able to answer any present queries you might have, but if there is anything you want to discuss with me personally, then please call me at work on: 091 - 281 - 5024, or write to me, Peta Hemmings, Orchard Project, Barnardo's, Orchard House, Fenwick Terrace, Jesmond, Newcastle-upon-Tyne NE2 2JQ.

Once again, thank you for your co-operation in helping children like your own have a better chance of coming to terms with the experience of bereavement.

Yours sincerely,

Peta Hemmings
Senior Practitioner:
Barnardo's Orchard Project

Experimental Group Parent Letter

Dear Parent,

Thank you for agreeing to help with the research study. I can't know, so can only imagine how difficult things are for you at present, but I would like you to know that I appreciate your contribution to helping social workers improve the ways in which they are able to support families in similar situations to yours.

I am a social worker with Barnardo's Orchard Project, in Newcastle-upon-Tyne, and specialise in working with bereaved families with young children. Through my work I have come to realise that the loss of a parent during a child's early years creates many problems. As a parent myself I know that it is hard work bringing up children and we all need help and support, but to do that and manage all the worries that illness and bereavement bring may seem like an impossible task at times. It is understandable that most families will feel the benefit of extra help in these circumstances and that is where the hospice social worker has a special role to play.

However, we social workers need help to improve the quality of our service, so that we can be more effective in helping families resolve the crisis of bereavement. Young children are known to be particularly affected by the loss of a parent and it is especially important that we learn more about ways in which we can help them.

During the past few years I have developed a way of working with bereaved families that seems to have immediate and long-lasting benefits. I have seen many children work through their sadness and worries, and come to a happier way of life. In order to understand better the ways in which this process works, and to examine its effectiveness, it is necessary to see how it works for other social workers and families with whom they are working, and that is why I am grateful to you for your help.

Any information that is sent to me is anonymous and I will never know your full name or address. None of the information from individual families will be published outside the thesis. As with all social work records, you are encouraged to read whatever is recorded, as part of the open and honest relationship you have with your social worker. If there is anything which you do not want included in the information gathering part of the research study, please feel free to say so. Whatever information I do receive will be treated with the greatest care, confidentiality and respect.

If you are interested in the findings of the research, I would be very happy to send you a report once the study has been completed. If you just let your social worker know and that will be passed on to me. Your social worker should be able to answer any present queries you might have, but if there is anything you want to discuss with me personally, then please call me at work on: 091 - 281 - 5024, or write to me, Peta Hemmings, Orchard Project, Barnardo's, Orchard House, Fenwick Terrace, Jesmond, Newcastle-upon-Tyne NE2 2JQ.

Once again, thank you for your co-operation in helping children like your own have a better chance of coming to terms with the experience of bereavement.

Yours sincerely,

Peta Hemmings
Senior Practitioner:
Barnardo's Orchard Project

Section 1b

Modifications Made To The Cascade And Lateral Models Of Intervention To Develop The Control And Experimental Models Of Intervention For The Research Study

Introduction

The cascade model of intervention has become the established method of choice with bereaved families but has features which raise fundamental doubts about its appropriateness with this group. The lateral model was developed in recognition of reduced sensitivity characteristic of bereaved parents which leads to under-reporting of distress in the child. It was also developed in recognition of the need for additional resources within the child's environment following bereavement. However, in order to apply the models of fieldwork practice to the research study it was necessary to make some modifications. These modifications are elaborated in this section.

Modifications made to the criteria for referral for the control and experimental model are elaborated, as is the patterning of sessions for each model. The reasons for and means whereby the assessment procedure was formalised is discussed. The content and structure of the child sessions are discussed and the means whereby a relatively uniform therapeutic experience for the child was achieved is elaborated. The method for ensuring that the teacher in each case received a uniform body of knowledge and was involved in the same way in each case is elaborated. The patterning of sessions and application of the instruments are also outlined.

Modifications Made to Both Models of Intervention

Modifications needed to be made which accommodated the needs of the discipline of research without compromising the ethics of good practice or the integrity of the intervention. The ethical considerations have already been discussed and satisfied. The implications of a research discipline for the practice presented a similar number of points for consideration.

The criteria for including families in the sample

The criteria for referral establish the basis for defining the types of families for whom either model is considered to be appropriate. The need to apply the lateral model is determined by the parent being unable to respond to the child's distress at that time. The assessment for general eligibility is in four sections and is based upon standard social work criteria of referral but refined to eliminate variables which are associated with stigmatised or traumatic deaths, or families with a history of maltreatment or abuse. Although social workers routinely work with such families, these factors are known to have significant bearing upon the nature of practice and would introduce an additional, element to the research [see appendix Basic Criteria for Referral].

The Criteria for Referral

The families were screened for inclusion by the following criteria.

The criterion of family structure

The criteria for families appropriate for the research were developed in two stages. Initially the family was defined as a group of two adults with one or more dependent children [see appendices Control Group Criteria for Referral [1] & Experimental Group Criteria for Referral [1]]. One or both of the adults were the birth parent of the referred child and the group had been a stable unit prior to the death with no history of psychiatric illness or maltreatment of the children.

The parent had died from cancer within the previous year and may or may not have had some contact with the social worker before the research study involvement.

The referred child was of primary school age, of normal intelligence, attending a day school and living at home with the surviving parent. The child was recognised as a cause for concern by the parent for one or more of a number of standard referral reasons.

The referral resulted from the parent's concern in conjunction with her recognition of her need for extra assistance at this time.

Inclusion in the research for the control group depended upon the parent's willingness to accept counselling sessions and to be involved in the study. Inclusion for the experimental group depended upon this factor and the child's willingness to accept the offer of playwork sessions and be included in the study.

Families which fulfilled the criteria were not to be selected by any other criteria. The social workers were required to assess each family referred to them by these criteria and to approach each one to establish the family's willingness to be included. They were asked not to consider any other factors or make personal judgements about eligibility. If there were any doubts or borderline decisions to be made about eligibility then they were asked to contact me.

Establishing the criterion of death

The cause of death often influences the nature of the subsequent bereavement, therefore it was necessary to define the area of the study in order to identify and allow for the influence of a range of variables which are associated with different types and causes of death. For example, there is stigma associated with death through suicide or AIDS, unanticipated or sudden death are further complicated by the shock and the circumstances, as are deaths through murder or war. Therefore, in order to accommodate these and other variables I decided to limit the sample to parental death from cancer. It was desirable that the death had occurred within the previous year as delays in intervention change the nature and intensity of the work.

The family may already have a social worker and may have benefited from support throughout all or part of the illness period. In this instance the referral is defined as the process of recognition that there is a new presenting problem for one of the children.

The third section describes the type and age of child for whom this is a relevant model. The child needs to be of primary school age and of normal intelligence, which is demonstrated by his ability to attend a local day school. The child should be living at home with the surviving parent. The child is the focus of concern because he is exhibiting heightened anxiety following the death which can be manifested in any one or combination of a number of ways. He may feel overwhelming anxiety on being separated from the parent, have sleep, appetite or behaviour disturbances, experience raised fears in relation to specific stimuli, have more general, free-floating worries. He may manifest his anxiety in somatic responses, extreme mood swings, difficulties in controlling behaviour, problems with multiple instructions or concentrating at school or home, a reluctance to try anything new, or a pervasive restlessness.

The fourth section pertains to the actual referral of the child. This is made by the parent as a result of an awareness that he is distressed. It is this section which in non-research practice would define whether the cascade or lateral model is appropriate. If the parent is aware of the child's distress and feels able to help the child with the social worker's help, then the cascade model is pursued. If, on the other hand, the parent feels unable or is not the right person to offer the help the child needs then the lateral model is applied. The child may or may not be explicitly aware of the parent's concern but is willing to accept the offer of play sessions.

The difference between non-research and research practice is that in the study one set of social workers followed one model of intervention or the other. Therefore, if the basic referral criteria were satisfied the social worker would offer whichever model of intervention was prescribed by the research. The ethics of offering what might be a reduced service have been discussed in the previous section.

The need to make additional modifications to the criterion of family structure

In response to discussions with the social workers after the training [see Appendix 1, section g : Research Meets the Real World] I decided to adapt the definition of the

parent from 'birth parent' to 'psychological parent' in acknowledgement of the structure of families [see appendices Control Group Criteria for Referral [2] & Experimental Group Criteria for Referral [2]]. In recognition of the nature of mourning and bereavement-related problems, the time period for referral was extended indefinitely within the established age range for the child. A letter to the social worker explaining the reasoning behind the changes accompanied the adapted criteria [see appendix Adapted Criteria for Referral Letter].

The Assessment Process: The Family Profile

The assessment process was conducted in the same manner as described in Chapter 8 but in order to ensure that the social workers in the research study supplied a uniform body of information, I constructed a format [see appendix Family Profile] which laid out the areas to be covered. It resulted in a body of factual details about the family's history, critical events associated with the illness and death, the nature of the parents' relationships with the child and the family's current status. The social worker was also encouraged to record impressions of the family formed during the process. The information gathering was largely conducted during the first two sessions with the parent but could be added to and adapted during future sessions.

Gathering information by reviewing the family history

Although completing the Family Profile was an information-gathering process, that only described part of the intended experience which was one of review and recollection. Some of the basic data would either already be known by the social worker, if the family was contacted before the bereavement, or constituted a substantial part of the initial conversation in the first two sessions. Although the information-gathering may present as a mechanical and somewhat formal element of what is intended to be a counselling relationship, it is usually a natural part of reviewing which parents find to be a positive, intrinsic part of the therapeutic process of counselling and not a separate element [Knight-Birnbaum 1988: Raphael & Nunn 1988: Webber 1988]. Therefore the process of completing the Family Profile was not

expected to compromise the integrity of the practice.

The family's experience of the illness and death

The Family Profile is constructed in three parts. The first part draws together background information about the family's structure, details about the dead parent's illness, treatments and awareness of the prognosis. These illness-related factors are considered to be significant indicators of the child's experience of the illness and of the potential time available for conversation within the family.

The actual event of the death and concomitant events are explored in some detail. These are important elements as they often describe attitudes within families about permissible inclusion and preferred exclusion of its members at sensitive times and are indicative of established patterns of communication within families. One would expect to see the inclusion/exclusion patterns to be reflected in attendance at the funeral and other post-bereavement rituals. These are explored in the following section as are the responses of the referred child and his siblings.

The child's relationships with his parents

The next section examines the relationship between the dead parent and the referred child from babyhood to the present day and how that relationship was affected by the illness. The child's response to the death, with reference to specific reactions, memories and worries is examined.

The child's relationship with the surviving parent is examined next and this assessment follows a format similar to the previous section except that it explores the child's comfort-seeking behaviours which crystallises an essential element in the parent-child relationship, the expression of and response to the child's anxiety. The next section compiles a picture of the surviving parent's past bereavements and the ways in which they were managed.

The role of a personal support network

The second part of the profile asks the parent to consider who is available to them for support. The social worker has a choice of approach here, she can either use direct questioning or the Trust Circles exercise. This is an exercise which maps out the individual's relationships by the qualities of trust and expectation of sensitive response to disclosure or the communication of personally sensitive material and by frequency of contact. This last point is important because the availability of the most trusted person in the network defines their real value as a resource. It is an exercise adapted from ecomaps which I use with adults and children [see appendix My All About Me Book: Page 16].

Trust Circles exercise

The exercise is based on a series of circles: the innermost one is small and symbolises the adult or child. A slightly larger concentric circle, the inner circle of unconditional trust, is designated for those people who can be trusted with anything the individual wants to say, at any time. Around this is a slightly larger concentric circle, the middle circle of conditional trust, for those people who can be trusted with most things, most of the time. The third larger concentric circle is the circle of compromised or highly conditional trust and is for those people who can be trusted with some things, some of the time.

Although completed at one session it is an exercise which encourages the individual to return to it and review the current situation and possibly move some of the characters from one circle to another or within one circle, either nearer or further away from the centre. It is a dynamic process of mapping personal resources and often reveals more to the individual than has been apparent before and is a graphic representation of existing resources and perceived available support.

The factor of felt support is known to be instrumental in the resolution of crises and the maintenance of personal homeostasis [Crittendon 1985: Crockenberg 1981: Jackson & Frye 1991: Lyons-Ruth et al. 1990] and may have a significant bearing

upon the effectiveness of individual counselling and be an influential factor within the child's environment.

The role of the school

The third part of the profile focuses upon the parent's attitude towards the child's school. The model seeks to establish a relationship between the parent and the class teacher, therefore it is important to have some knowledge of the parent's perspective on education in general and the child's school in particular. It is helpful to know of past experiences of having a child attend the same school and any difficulties which arose then. It is expected that as part of the conversation the parent will make some personal comments about her own school experiences which add to the body of knowledge. The combination of current and past experiences will assist the social worker in forming a coherent picture of the parent's view of school and thereby define the quality of that aspect of the parent as a resource for the child.

Summary of the Family Profile

Although the Family Profile presents as a weighty document it breaks down into manageable sections. It addresses areas of the family's life and experiences which are central to the construction of a coherent work plan for the social worker. It provides a wealth of factual information whilst affording the social worker an opportunity to form personal impressions of the parent and the family unit as it was and as it is currently. Through engaging in the process of completing the Family Profile the parent develops a conversation about her past experience and her most pressing current concerns.

The Family Profile provides a structure to that conversation but should not constrain it. It is expected that most of the sections will be completed without directing the parent to address those issues specifically. The first two or three sessions of bereavement counselling tend to be characterised by a review of the history and therefore the information required for the Profile is expected to be drawn from the general flow of the conversation rather than as a the result of structured interview.

The Outcome Of The Assessment Process

The assessment process provides the social worker with a full picture of the family's experience of the illness and death and an understanding of the established communication patterns and strategies for the management of crises. This body of data and informed impressions, in conjunction with the criteria for referral, indicate the quality and availability of resources for the parent and the child.

In non-research practice the assessment outcome determines which model of intervention is more appropriate. The needs of the research meant that the criteria for referral fulfilled this function because the model of intervention was pre-determined by the research group to which the social worker had been allocated [see Appendix 1, section f]. Therefore the Family Profile took on the dual role of being an assessment of the family's history and resources combined with a standardised body of research data.

Patterning of the Sessions

In order to achieve a standard application of the two practice interventions for the parents in each group the social workers were required to conduct fortnightly sessions. The social workers in the experimental group timetabled the child sessions in the intervening weeks. This patterning meant that the parents had the same experience of the intervention and the major difference between the two was the child's experience.

Application of the Instruments

The research instruments for the parents were applied during the first and last sessions and the teachers completed their instruments as closely as possible to those times.

Modifications made to the Lateral Model of Intervention

The Child's Sessions

The child's sessions were subject to the greatest degree of adaptation. My usual practice is to offer largely non-directive playwork sessions, whilst bearing in mind

and actively addressing the commoner problems of misunderstanding and magical thinking which underpin many bereaved children's anxieties, should they arise. The discipline of the research study required that a standardised approach was constructed which embraced these issues, provided a quantitative assessment and balanced both of these elements with the needs of each child to have his own experience of the sessions and his relationship with the social worker.

The Use of the Playwork Book: My All About Me Book

To this end a playwork book was designed specifically for the research [see appendix My All About Me Book]. It contained a variety of exercises and activities for each session. The manner in which the book was to be used by the social worker was described in detail in an accompanying handbook [see following section : User's Guidelines].

The book was intended to embody and thereby communicate the principles of the therapeutic relationship. To this end, the first session began with the front of the book. This was designed to represent a door to a room which belonged to the child. This image was intended to encourage the child to recognise that this was a confidential book and part of a confidential relationship which was special to him. The cover was partly hand coloured and had a place for him to write his name. He was also encouraged to take ownership of the book by adding decorations of his choice [stickers, words, pictures], provided by the social worker, at this session and at any other.

The first page carried a series of clear statements about the nature of the therapeutic relationship. These were set in a contract format which the child and the social worker read together. The child was encouraged to add anything else at the bottom and they both signed it. This was followed by a reciprocal sharing of personal information which was rounded off with the child drawing the social worker and vice versa, thereby enabling legitimate scrutiny by the child of the social worker.

These exercises set the tone of their relationship which was one of privacy, trust and control. That the social worker would do things on the child's behalf in preparation for their sessions and that she would be mindful of him in the interval between sessions. This last point was translated into the social worker sending a card to the child after the first session saying how much she was looking forward to seeing him again.

There was also a questionnaire in the first session which was repeated at the end of the intervention and afforded a comparative evaluation of the effect of the intervention. The child was given the outline of a drawing of a toybox to colour in, if he wanted to, in the interim and bring back for the next session. This was then stuck in on a blank page. This home-based exercise was repeated after the story in Session Three, when the child was given a picture of the main character in the story to colour in at home. Subsequent sessions were filled with a wide variety of activities, some of which were designed using images which the child would recognise from other contexts [e.g. games in comics, activity books etc.] but which had a different purpose here. Some of the activities involved the child talking to the parent or carrying out a shared activity with the parent, for which the social worker prepared the parent in advance.

Contents of the playwork book

Briefly, the exercises were as follows. There was a questionnaire about the child's understanding of death; a series of affect recognition exercises; a story about the death of a pet, which also incorporated a strong sub-theme about the need to mask one's true feelings some times; exercises about people, places and situations relating to personal security and trust; an exercise which required the child and parent to look through the family's photographs together and remember; an exercise which encouraged the child to think about how he saw the future, and, during the last session an opportunity to review all that had been shared in the previous sessions and a hand-written letter from the social worker recalling those events and confirming her continuing availability should the child wish to re-contact her.

The need for the social worker to keep the book

The book was kept by the social worker in between sessions so that the child could not look ahead and thereby anticipate exercises and neither could curious siblings or the parent look at it. The child was also aware that the social worker would photocopy the completed pages and send them to me. The issue of informed consent raised by the sharing of intensely private information has already been discussed and satisfied as much as is possible.

Playwork Book:The User's Guide

The playwork book was accompanied by a user's handbook which guided the practitioner through each exercise and each session [see appendix Playwork Book:The User's Guide]. The playwork book provided the structure to each session and the handbook the manner in which the exercises were to be approached and completed. Although the content of the sessions was defined by the playwork book, the social worker was still able to employ her personal style of practice within each one. This was felt to be an acceptable compromise for the non-directive approach and a safeguard against unpredictable or unsatisfactory practice with the child. In effect the structure of the playwork book was firm but not rigid.

The All About Me session

The parent and child had a shared fourth session with the social worker during which they played a therapeutic board game, All About Me [see enclosed boxed set of All About Me], which I had designed and produced in conjunction with Barnardo's and derived from my practice with bereaved children of this age.

The game is based on a classic board-game format which involves each player taking a turn to roll the die, move his piece and then turn a card in the pack which requires him to respond to a written statement. The pack has a pre-set order and the sequence of play is also pre-set.

The social worker prepared the pack and participated in the game alongside the child and his parent. I was aware that recording this session would be difficult therefore, in order to facilitate accurate recording and to enable the social worker to concentrate upon the content of the session, this session was audio-recorded. I provided the necessary equipment and instructions on how to use it to each practitioner. This method of recording was expected to provide some interesting insights into the sessions which written records can not usually supply.

The explicit or practice role of this session was to facilitate the bridge-building process between parent and child through the medium of a shared conversation with a trusted other. The implicit or research role was to provide a standard body of data relating to critical aspects of the parent-child relationship. The medium of audio-recording was expected to provide an additional level of data which, it was hoped, would supplement that contained in the written records.

Modifications made in respect of the teacher

The same process of contacting the teacher through the parent was followed for both models. Although the parent was the main source of information, the teacher was a source of complementary information and could make an important contribution, without that reducing the importance of the parent's opinion. Following bereavement it is not uncommon to see signs of disturbance in children in one arena and not in others; the tendency to compartmentalise is well known. By following this parent-teacher approach social workers are able to construct a more accurate picture of the child.

The difference between the cascade and lateral models was that in the latter the teacher was asked to befriend the child. The research study required that the teachers are given a uniform body of information as one element in the support offered by the social worker. To ensure that each teacher received the same information I wrote a short pamphlet [see appendix The Bereaved Child in School] which contained a general description of children's experiences of bereavement through cancer and some of the

commoner responses they manifest.

The article went on to describe the need for the child to have a trusted person at school to help him feel more secure and help him explore his mourning-related feelings away from home. The teacher was encouraged to consider the possibility of assuming this role or finding someone within the school who could. The nature of the relationship was outlined and the need for the teacher to have some support to manage this extra commitment highlighted. If the teacher wanted to read further about the subject of childhood bereavement the article included some references. The content of the article allowed the teacher to contemplate the issues involved, ask informed questions of the social worker and parent and so come to a considered decision about the appropriateness of her involvement.

The way in which befriending the child could be achieved was outlined in the article, which also acknowledged that each child-teacher pair would need to define what was a comfortable arrangement for them in greater detail within those parameters.

Summary

Some modifications were made to the nature of the social worker's practice which accommodated the needs of the research. Some required more change to existing practice than others but the ethics of good practice and the essential elements of the intervention were upheld and retained within the changes.

Conclusion

It became apparent that with some careful consideration both models of social work practice could accommodate or adapt to research requirements with relatively small amounts of change, none of which compromised the ethical or practical integrity of either. The same principles were applied to the recruitment of the social workers. The processes involved are discussed in the following section.

Basic Criteria for Referral

The Family

- 1) The family is defined as a group of two adults with one or more dependent children.
- 2) Both adults have had parenting responsibility for the referred child although one may not be the birth parent of the child. There may be non-related or part-related children in the sibling group.
- 3) Both adults have an established relationship within the family group, a relationship which is recognised by the children as such.
- 4) The family group may contain members whose needs warrant the involvement of other services [e.g. medical, educational etc.].
- 5) The quality of parenting of the referred child in the past has been satisfactory and there is no history of maltreatment of that child by the surviving parent-figure.

The Bereavement

- 1) The parent of the referred child has died as a result of cancer.
- 2) The parent may have been a patient in the hospice or may have remained in the community throughout the illness.
- 3) The family may or may not already be known to the social worker.



The Child

- 1) The child is of primary school age.
- 2) The child is of normal intelligence and attends a local day school.
- 3) The child is living at home with the surviving parent who is his main carer. This person may or may not be the birth parent but is nevertheless perceived by the child to be the psychological parent.
- 4) The child has been referred because he has been exhibiting heightened anxiety following the bereavement. This may be manifested in any one or combination of a number of changed behaviours:

- a) Separation anxiety, particularly from the surviving parent-figure.
- b) Sleep disturbance [e.g. dreams, sleepwalking, crying out].
- c) Specific fears about previously acceptable situations, routines or activities [e.g. night time, dark places, animals, inanimate objects, bedtime, sport or boisterous games etc.].
- d) Non-specific anxiety, a free-floating feeling of uncertainty or worry.
- e) Behaviour disturbance [bed-wetting, soiling, diuresis, self-injury, marked lack or increase of appetite].
- f) Changed or extreme mood swings [e.g. uncontrollable anger, deliberate or persistent rule-breaking, excessive comfort-seeking, lethargy, overactivity, fragile tearfulness, hostility etc.].
- g) Difficulty concentrating in school which may be apparent in a drop in academic performance or increase in disruptive behaviour in class.
- h) Reluctance to try anything new.
- i) Resistance to continue with a newly acquired skill or activity.
- j) Restlessness at home or school.
- k) Somatic responses [e.g. headaches, stomach aches, increased frequency of colds, general aches and pains].

The Referral

- 1) The parent is aware that the child is experiencing difficulties and feels able/unable to help.
- 2) The inability to help is a reflection of the parent's own diminished emotional resources rather than any hostility or reluctance to acknowledge the child's present needs.
- 3) The referral may be made by the parent or with their permission by any other person connected with them personally or professionally.
- 4) The child may or may not be aware of the parent's concern about him at this time.
- 5) The parent and child are willing to accept the social worker's offer of counselling and direct work and to participate in the research.

Criteria For Control Group Referrals [2]

The Family

- 1) The family is defined as a group of two adults with one or more dependent children.
- 2) Both adults have had parenting responsibility for the referred child, although one may not be the natural parent of the child. There may be non-related or part-related children in the sibling group.
- 3) Both adults have an established relationship within the family group, a relationship which is recognised by the children as such.
- 4) The family group may contain members whose needs warrant the involvement of other services [e.g. medical, educational etc.].
- 5) The quality of parenting of the referred child in the past has been satisfactory and there is no history of maltreatment of that child by the surviving parent-figure.

The Bereavement

- 1) The parent of the referred child has died as a result from cancer.
- 2) The parent may have been a patient in the hospice or may have remained in the community throughout the illness.
- 3) The family may or may not already be known to the social worker.

The Child

- 1) The child is of primary school age.
- 2) The child is of normal intelligence and attends a local day school.
- 3) The child is living at home with the surviving parent who is his main carer. This person may or may not be the birth parent but is nevertheless perceived by the child to be the psychological parent.
- 4) The child has been referred because he has been exhibiting heightened anxiety following the bereavement. This may be manifested in any one or combination of a number of changed behaviours:

- a) Separation anxiety, particularly from the surviving parent-figure.
- b) Sleep disturbance [e.g. dreams, sleepwalking, crying out].
- c) Specific fears about previously acceptable situations, routines or activities [e.g. night time, dark places, animals, inanimate objects, bedtime, sport or boisterous games etc.].
- d) Non-specific anxiety, a free-floating feeling of uncertainty and worry.
- e) Behaviour disturbance [bed-wetting, soiling, diuresis, self-injury, marked lack or increase of appetite].
- f) Changed or extreme mood swings [e.g. uncontrollable anger, deliberate or persistent rule-breaking, excessive comfort-seeking, lethargy, overactivity, fragile tearfulness, hostility etc.].
- g) Difficulty concentrating in school which may be apparent in a drop in academic performance or increased disruptive behaviour in class.
- h) Reluctance to try anything new.
- i) Resistance to continue with a newly acquired skill or activity.
- j) Restlessness at home or school.
- k) Somatic responses [e.g. headaches, stomach aches, increased frequency of colds, general aches and pains].

The Referral

- 1) The parent is aware that the child is experiencing difficulties and feels unable to help.
- 2) The inability is a reflection of the parent's own diminished emotional resources because of their grief rather than any hostility or reluctance to acknowledge the child's present needs.
- 3) The referral may be made by the parent or, with their permission, by any other person connected with them personally or professionally.
- 4) The child may or may not be aware of the parent's concern about him at this time.
- 5) The parent is willing to accept the social worker's offer of counselling and to participate in the research.

Criteria for Experimental Group Referrals[2]

The Family

As for control group - see pages 433-4

The Bereavement

As for control group - see pages 433-4

The Child

As for control group - see pages 433-4

The Referral

As for control group -[see pages 433-4] with the additional phrase emboldened in (5)

5) The parent and child are willing to accept the social worker's offer of counselling and direct work and to participate in the research.

Adapted Criteria for Referral ; Letter

7th. April. 1994.

Dear ,

It is six months since we met in York for the research training and during this time certain problems have arisen. In my conversations with some of you it has become clear that you are all very enthusiastic about participating in the research but have had your enthusiasm frustrated by the referral criteria. Many of you have told me that families have been referred to you which would have been just right for the research, but for one of the elements within the criteria. As this is a problem shared by many if not all of you, it seems appropriate to make certain changes to the criteria to reduce those difficulties. I have discussed this in some detail with Dr. Downes, my supervisor, and Professor Sinclair and together we have decided on the following adaptations.

The family criteria will now change in respect of the structure of the group. This has been decided in recognition of the now typical structure of families which is no longer characterised by the child living with both natural parents. The criteria now allow for the surviving parent-figure to be the non-birth parent of the child. It has become apparent to me that it is more important that we define the child's parent as the person who is their psychological parent, rather than solely by blood relationship.

The second change is in the bereavement section and allows for the bereavement to have occurred at any time within the child's early life. This adaptation has been made in recognition of the pattern of childhood mourning. It is widely recognised that children sometimes need to hold on to their mourning until the time is right for them, consequently it may be that there is some delay before that process starts. The associated behaviours and anxieties are manifested then and this becomes the point of referral. With that in mind, it becomes necessary to evaluate the child's behaviour in terms of the research instruments for the calendar year before the date of referral.

This matches up with the measure taken for those children who are referred within the first year of their bereavement and will avoid any problems for those cases which have already been completed in accordance with the original criteria.

The elements that describe the child are unaltered, except that this time I have remembered to include the somatic responses which are so common they didn't even get a mention the first time round! This time they have their rightful place amongst that constellation of symptoms of distress we see so often in the children we meet. The section which describes the referral remains the same.

I hope that these changes are going to make it easier for you to find eligible families amongst your referrals. It may be that the adaptations mean that families which have been excluded previously now qualify and can be included retrospectively. With that in mind it might be helpful if I call you in a couple of weeks and we can discuss the changes and any families which you might now think can be part of the research.

If you want to get in touch before then, it is probably helpful for you to know that next week [11th. - 15th. April] I will only be in the Newcastle office on Wednesday. The following week I plan to be working from home all week so you can call me there [091 - 281 - 2895]. If I don't hear from you I will call you the following week.

Best wishes,

Peta Hemmings.

Family Profile

Introduction

The Family Profile needs to be completed as part of the initial interview process with the parent. Although the profile is constructed as a form it is not intended to be used in the actual interview but rather as a guide to areas of the child's personal environment that need to be covered in the information gathering part of the early sessions.

It is not essential to cover every item on the profile during the first session as conversations of this sort develop their own route. It is more important to establish the counselling relationship with the parent than constrain that interaction by the needs of the profile. However, it is important to establish the information early on in the relationship as it describes the quality of experience and resources available to the child at the point of referral. It is against this background that any changes in the parent/child relationship will be measured and meaningful comparisons made.

FAMILY STRUCTURE

SURVIVING PARENT: NAME.....MOTHER/FATHER

AGE:.....

OCCUPATION.....

DEAD PARENT: NAME

AGE AT DEATH:.....

LENGTH OF PARENTS' RELATIONSHIP :.....

CHILDREN:

NAME	RELATIONSHIP	AGE [YR.S & MT.S]
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.....
.....
.....
.....
.....

THE PARENT WHO DIED

NAME.....

PREVIOUS OCCUPATION

DATE OF DEATH

TYPE OF CANCER:[Primary and secondary sites: dates diagnosed].

MEDICAL TREATMENT RECEIVED: [chronological order]

SIDE EFFECTS OF TREATMENTS: [severity, persistence etc.]

EFFECTIVENESS OF PAIN RELIEF: [relate to side effects recorded

LENGTH OF ILLNESS: [Period between diagnosis and death].

AWARENESS OF PROGNOSIS: [time from which the balance of hope and acceptance tipped towards acceptance].

PLACE OF
DEATH.....

NATURE OF THE DEATH: [Who was present? Were there any special last words or actions? How has this event been described to the referred child: what actual words were used, by whom and in what circumstances?].

EXPERIENCE OF THE RITUALS

DID THE CHILDREN SEE THEIR PARENT AFTER DEATH AND, IF SO, IN WHAT CIRCUMSTANCES?

WHAT WAS THE REFERRED CHILD'S REACTION TO THIS EXPERIENCE?

WHAT WERE THE RESPONSES OF THE OTHER CHILDREN?

WERE THERE ANY MARKED RESPONSES AMONG ADULT FAMILY MEMBERS?

TYPE OF FUNERAL: [Burial/cremation: full church service/ child participation in service/ adult only service/ child absent at interment/ child participation in scattering the ashes etc.].

CHILDREN IN FAMILY WHO ATTENDED FUNERAL.

ARRANGEMENTS FOR THOSE CHILDREN WHO DID NOT ATTEND FUNERAL.

REASONS WHY DID NOT ATTEND FUNERAL.

RESPONSES OF CHILDREN TO FUNERAL CEREMONY: [name individual children and responses specific to them].

DEAD PARENT'S RELATIONSHIP WITH REFERRED CHILD

In this section please describe the quality of the relationship between the referred child and the dead parent. It is helpful to include your intuitive feelings as well as concrete details: the atmosphere of the relationship as well as the facts.

EARLY YEARS:

1. Response to the pregnancy [good news?/ easy or difficult months].
2. Nature of the birth and who was present.
3. Quality and nature of involvement during the infant/toddler months.
4. Special routines/activities shared by this parent and referred child.

IMPACT OF ILLNESS:

1. Impact of diagnosis and illness on this relationship and its ability to accommodate changes.
2. Child's awareness of physical changes in parent and meaning attributed to them.
3. Special conversations/communication between parent and child about value of one to the other during the pre-illness relationship and during the post-diagnosis time.
4. The frequency and quality of contact/communication during the latter part of the illness.
5. Does the referred child have any known significant memories of the dead parent which he/she has already voiced?
6. Does the referred child have any specific worries about the nature of their relationship with the dead parent which they have already voiced?

SURVIVING PARENT/CHILD RELATIONSHIP

In this section please describe the quality of the relationship between the referred child and the surviving parent. Once again, it is helpful to include your intuitive feelings as well as concrete details: the atmosphere of the relationship as well as the facts.

EARLY YEARS:

- 1. Parent's response to the pregnancy [good news?/easy or difficult months].**
- 2. Involvement during the infant/toddler months.**
- 3. Special routines/activities shared by this parent and referred child?**

IMPACT OF ILLNESS:

- 1. Impact of diagnosis and illness on this relationship and its ability to accommodate the changes.**
- 2. The quality of communication and interaction during the illness months.**
- 3. The quality of communication and interaction during the terminal period.**
- 4. The child's willingness/ability to seek comfort from the surviving parent during this time.**
- 5. Any changes in comfort-seeking behaviours of the child during this time: [turning away from parent, turning to other established comforters more, turning to new sources of comfort etc.].**
- 6. Any other changes in the child's behaviours or mood states during this time.**

PERSONAL HISTORY OF SURVIVING PARENT

1. Have there been other bereavements in the past? What was the relationship?
2. When did each bereavement occur?
3. How was each one resolved? How was the parent able to mourn? Who helped/supported them at this time and subsequently?
4. Any other information which you feel is relevant or of interest.

THE FAMILY'S SUPPORT SYSTEM. --- -

It is important to collect some information on the current availability and quality of support for the parent. This can be done through the following exercises, which mirrors the TRUST CIRCLES exercise in the playwork book. In this way we build up a map of the personal resources available to the parent.

The exercise needs to be conducted during the first session preferably, or second if not possible. In order to be able to make a comparison it needs to be repeated during the last of the six sessions.

- 1) Using the first circles page ask the parent to consider the following:
 - a) Who offers them the closest and most intimate comfort, someone to whom they confide their innermost feelings. Place that person's initials in the inner ring.
 - b) Who do they know who they can trust with similar feelings but on a more selective basis. This might be someone that may be more receptive to this sort of conversation at certain times than at others. Place their initials in the middle ring.
 - c) Who do they know who asks them how they are, but either would not be receptive to an honest answer or is someone with whom the parent would not want to share such things.

It is helpful to prompt the parent to make some comment on all significant members of the extended family, whether that means they are included or omitted.

- 2) Using the second circles page, ask the parent to place the people they have already nominated in the appropriate band, according to the frequency with which they see that person.
- 3) Photocopy the pages.

THE PARENT AND SCHOOL

- 1) What general opinion does the parent have about the referred child's school?

- 2) Have other children in the family attended the school in the past or currently and have had any particular difficulties?

- 3) Has the parent had any previous contact with the referred child's current form teacher?

- 4) What is the parent's attitude towards education and the role of the school in general?

- 5) Are there any other comments you would like to make about the relationship with the school?

THE BEREAVED CHILD IN SCHOOL

Loss as a Part of Life

Loss is an intrinsic part of life. Nobody can grow to maturity without experiencing personal changes and all change involves a degree of loss. Some changes that children experience are expected and welcomed as part of normal and healthy development, but even though this is the case, these changes may well create difficulties of adjustment for the child. We are all aware of the turbulent two-year-old stage, how the adjustments that come normally during this time can cause volcanic eruptions of temper and frustration in the young child as they try to balance all they have learnt with what they are allowed to do. It is often a very difficult time for parent and child – alike, and yet this is normal and an expected part of healthy development.

Wanted and Welcomed?

There are other developmental changes that we can expect within a child's early years which, unlike the two-year-old's turbulence, are wanted and welcomed. For example, the toddler develops feeding and dressing skills and so gains independence and greater self-esteem. The older child is increasingly able to function away from their parent and this personal independence allows them to explore the world through a variety of experiences at playgroup, nursery and school.

Alongside these personal changes there may be changes within the child's environment, some of which are welcomed and some not, depending upon each person's point of view. For example, the parents may be delighted to have another baby, but the older child may be less sure of the benefits of this change in their family. The parents may see moving house as the fulfilment of their plans for the future, but the child may see this as a loss of all that they have ever known. Both these events are common experiences of change and loss which children have to accommodate.

There are a host of events that may befall a child which are not wanted but may be anticipated by the adults and so they can prepare the child. Friends may move away from the area and become lost to the child. Parents may separate or divorce and the child is bereaved of their absent parent and of their assumed world. Grandparents may die and the child experiences loss in its most absolute form, through death. Although these are saddening experiences they are ones which many children share and there is always some comfort in knowing that we are not alone in having had a difficult experience.

There are several important differences between these experiences of loss and that of the death of a parent through cancer. This event is neither wanted nor welcomed and, in spite of the progressive nature of the illness, it is often not anticipated.

It is commonly the case that the bereaved child has acquired an unwanted status which is not shared by any of their friends, classmates or peers. Many children may live in single-parent families but few of them will be in that position because their mum or dad has died. For children who live with separated or divorced parents there is still the chance to see the absent parent, or establish a relationship with them at some time in the future. The bereaved child does not have that option and that is the essential difference between the two types of family. It is the quality of loss through bereavement and its repercussions which makes it so special.

The Teacher and Parent Team

When a young parent dies the whole family is profoundly affected. There is nothing natural or timely about such a death. It takes a lot of hard work on the part of the surviving parent to come to terms with the experience and its implications for the future. They, like the children, need all the help they can get for many months and years to come. This is where the child's teacher is able to make such a difference.

Widowed parents often feel that they have so many new things to manage and cope with in their lives that they are overwhelmed by the tidal wave of change that follows the death. Friends may help, sometimes in practical ways and sometimes with advice, and those sorts of support are very important. However, bereaved children often experience great difficulties at school because of the nature of their grief and mourning. Parents need more than friends' advice to support their child in school, they need the specialist help which usually is best given by the child's teacher.

By developing a channel of regular communication between the parent and teacher home and school can be kept in touch with how the child is managing in the different spheres of his life. Through sharing accurate and detailed information, the teacher and parent are able to adjust to the child's changing needs and offer a more sensitive regime of care.

As part of this increased awareness of the child's current experience, it is helpful for the school to know about his personal calendar so that times which are expected to be difficult can be anticipated and accommodated.

It has been found that there is a positive association between the level of support a bereaved child feels to be available to them in school and the degree of support felt by his parent. A stronger, more capable parent enhances the child's sense of security and it's when a child feels safe and cared for that he can make the most of his opportunities at school.

What Can Teachers Do To Help A Bereaved Child In The Class?

The commonest and most pervasive feeling bereaved children have is that of insecurity. Insecurity is a mixture of various thoughts and emotions and, in the circumstances, it is a very reasonable response to loss.

Bereaved children commonly worry about how safe the world around them is. When someone important dies it brings home very forcefully just how fragile and vulnerable human beings are. This realisation leads them to fear for the safety of other important people in their lives. Children often feel it is better to remain with the surviving parent than to leave them, in case the same thing happens to them as happened to their dead parent. Consequently, attending school becomes problematic and may generate high levels of anxiety in the child.

The anxiety stemming from the enforced separation from the surviving parent is an echo of the emotional pain felt at being separated from the dead parent. The integration of this pain is part of the work of mourning. Mourning in young children does not follow the same pattern as adult mourning. The pattern of adult mourning is such that the mourner is overwhelmed by feelings of sadness and despair for weeks and months following the death. This dark mood very gradually lifts and a different way of life develops around the absence of the dead person.

For a child it is a very different matter. He typically experiences mourning as intermittent periods of intense emotion and/or thoughts about the dead person. These periods of grief come and pass, leaving the child distressed or withdrawn or apparently unaffected. These grief experiences are so intense that the child is totally absorbed by them and effectively removed from events around him. He may seem to be day-dreaming in class when in fact he is being flooded by memories and their associated emotions. The loss of concentration through a combination of anxiety and periods of grief often results in a marked drop in academic performance. This is most noticeable during the year after the death and at specific times in the years that follow, particularly the death anniversary, birthdays, Christmas and other special personal and family times.

Teachers often feel that it is difficult to know what to do for the best. It is not helpful to the child to be allowed to fall behind in their academic work and yet it is not reasonable to insist upon the same level of performance as before. It is a real dilemma.

What seems to have worked for some children who are in this situation is to adopt a flexible attitude within certain limits.

Children are told that they must keep up with the basics and, as an acknowledgement of their special circumstances, they can have extra help. It is the combination of reasonable boundaries and sensitivity to their changed status which makes all the difference. The child welcomes the structure and order of the classroom and the predictability of the daily timetable, these features of school create a sense of organisation in an otherwise unsettled and disorganised world. Nevertheless, the child needs to have some accommodation of their personal circumstances within the discipline of school in order to be able to make the most of what they can manage at that time.

A Special Friend In School

Following the death of his parent the child is especially vulnerable to feelings of insecurity, the whole world becomes uncertain for him. These are children who need extra help to feel safe again. The teacher can be one of the most reliable people around them, someone who presents as a constant, predictable person who can be trusted and who is not part of the emotional turmoil of home-life.

The bereaved child often feels that he is different to other children. Like many others in his class he too is living in a one-parent family. The difference lies in the way in which this has come about. His family's status has not come about through choice, or as a solution to an unhappy situation. His new family order is unwanted by every family member.

His friends are often too young to appreciate the difference between living with a separated or divorced parent, and a widowed parent. Bereaved children have repeatedly reported that this insensitivity among their peers only serves to make them feel more stigmatised and alone. Consequently they are more vulnerable to distress at school.

There are many things which they still have in common and share with their friends but they know they now need a special sort of friend, someone who can listen to them and try to understand their feelings.....and it has to be someone they can trust absolutely.

The child is primed to have this faith in his form teacher. Primary school teachers are typically revered by young children. Viewed from the child's perspective, the teacher is the person who can do the hardest sums, joined-up writing and read the most exciting stories. They also have absolute authority within the classroom and can stop minor naughtiness with a look and exert control over the seriously naughty children in the class with a well-phrased warning or, if necessary, punishment. The child is primed to respect the teacher for her skills and authority.

The class teacher is also the person who, on a daily basis, has the greatest amount of contact with the child. She is the person who is physically most available to the child. The critical element is whether the teacher feels able to be emotionally available to the child, and it should never be assumed that this is, or should be the case.

Who Is The Best Person In School?

There are many teachers who care about the personal welfare of the children in their class and would willingly reach out to help them when they are distressed. It is relatively easy to give a cuddle to an upset child or say a kind word to them. However, it is a very different matter to offer the kind of friendship a bereaved child needs. It is not something which every teacher can do and, if it makes a teacher feel uncomfortable, it is not something which they ought to do.

When we lose someone important through death, the issues which are generated by that experience are never far from the surface of our emotional lives. We may think that we are no longer vulnerable to distress in the way we were immediately after the death, yet other people's expression of their feelings of abandonment, hurt and sadness can easily trigger our own feelings. These emotions do not usually persist in the same way as before, but they are often experienced with a similar intensity. When we have been bereaved we are always sensitive to the experience of loss, and rightly so.

It may be that you have known what it is to be bereaved and feel that it would be too difficult to offer support to the bereaved child in your class. That is a very caring and responsible attitude. We all have our strengths and vulnerabilities and only by knowing them can we offer ourselves reliably to others. If you feel it is not appropriate for you, then it is important that the child is offered some other adult who is similarly available within school time. It may be that one of the child's past teachers, someone with whom they had a warm relationship, may be willing to do it, or a sensitive dinner nanny or kindly secretary. The important element here is that, from your knowledge of the child, you would feel confident that, if an offer of an understanding friendship were made by this person, it would be welcomed.

The Friendship

There are many sorts of friendship but this particular adult-child relationship does not fit readily into any previous category. If it is the child's teacher who is going to take on this role then it has to be within the boundaries of the classroom. The teacher-pupil relationship and the authority and discipline of the classroom must have priority. Unless those are maintained then the teacher's role is too compromised and the child loses the safe limits of the classroom environment.

Teachers have found that it is possible to offer to be available at a particular time of the school day and in a certain place. For example, Carol's father died when she was eight. She had great difficulty going to school so her teacher arranged to be in the classroom at the beginning of each day with some minor jobs for her to do.-This eased Carol into school and gave her some quiet time with her teacher every day. She could talk to her teacher about important or trivial matters if she wanted to, or just potter about putting books out or tidying shelves. It was her choice.

Other teachers have found that to offer time at the end of the morning or school day is preferred by other children. The principle is the same, whatever the time or place. The child is being given something which, by being contained within school time, emphasises the teacher's awareness of his vulnerability at school. It also provides the child with a degree of control over how and when this offer is taken up. The open door policy gives flexibility to the child combined with a clear message from the teacher of genuine concern.

For some children this offer of friendship and an awareness of the parent-teacher conversation, is often all they need to help them feel less isolated, better understood and more secure.

The Listening Friend

This friendship is different to others. It is not a relationship which continues out of school, neither is it one of mutual sharing. The following points may be of some assistance in anticipating what the child may need from this friendship and helpful ways in which these needs can be met. The child's special friend at school will need to:

- 1) Listen to what the child wants to talk about. It may be directly to do with their bereavement or not. He may need to take his time before he can approach certain bereavement related issues, because they are too sensitive or important to be said easily.

2) The child may describe seemingly incredible events to you. Although you may find them difficult to believe, don't deny their validity. The child may be testing you and it's important that you are shown to be accepting of them, no matter what he says.

3) Children often express intense emotions of anger, hatred, despair or loneliness. If they express extreme feelings don't feel that you have to do anything about them. Being able to talk about emotions is a great asset for the child and take it as a compliment to you. For a child to feel able to say such things is an act of faith in your trustworthiness.

4) Children commonly have distorted ideas about events surrounding death and their meanings. If they tell you some thought they have which indicates that they have misunderstood the meaning of something, or are confused about what actually happened, then explore their thinking with them.

You may feel that this is something which it would be helpful to explore further, together with the parent. Suggest this to the child and if the child resists this suggestion, then try to find out, as discreetly as possible, the nature of events surrounding this issue, as understood by the parent.

It is important that the confidentiality of your conversation with the child is not breached but clarity through understanding the true significance of events will help to reduce confusion and anxiety in the child's mind.

5) Listening to someone else's distress is not an easy task. It is important that you are well supported and have someone you can go to when you need to think about what this experience means to you. Unless you look after yourself you will find it difficult to look after the child.

Suggested Reading

If you are interested in knowing a little more about children and bereavement then here are three books which you will find helpful.

THE ANATOMY OF BEREAVEMENT by BEVERLEY RAPHAEL.

Pub. Unwin Hyman £16.00 .

Although quite expensive and intimidatingly large, this book is extremely well written and would be a valuable resource within your school. Raphael considers the nature and effects of a wide variety of deaths and provides an illuminating appraisal of children's needs at different developmental stages. It contains all one would ever need to know about children, death and bereavement.

HELPING CHILDREN COPE WITH SEPARATION AND LOSS by CLAUDIA JEWETT.

Pub. Batsford Academic. £13.00.

Jewitt explores children's responses to a wide variety of personal circumstances which threaten their sense of security and safety. Her sympathetic approach makes this a very enlightening exploration of the issues for young children.

HELPING CHILDREN COPE WITH GRIEF by ROSEMARY WELLS.

Pub. Sheldon Press. £3.00.

This is a useful and readable book which briefly examines the impact of different types of death upon children and their families.

* * * * *

All these texts have good references if you are interested in further or more specific reading material.

Peta Hemmings. 1993.

Introduction

1) The book is designed to be used during the six play sessions you will have with the child, bearing in mind that the fourth session is held jointly with the parent and so does not feature within the book.

2) Although it is not usual for play-work to adopt such a highly structured approach, in the interests of the research each session will need to follow the exercises laid out in the book for that time. This is mentioned to the child in the Play Contract at the beginning of the book. In my experience when I have designed something especially for a particular child they have been delighted to know that this has been done with them in mind. The child you are working with will probably be equally pleased to know that they are one of a very select few who have ever seen this book and are one of the first children in the world to use it.

3) It is essential that you firmly establish that you will keep the book between sessions because you need to prepare pages in advance of the next session, but that it will be theirs to keep at the end of the six sessions. There are other reasons for following this practice which need not be discussed with the child but can be agreed with if the child suggests them.

a) It needs to be kept safely from damage or being lost.

b) It is very private and needs to be kept away from prying siblings or curious parents.

c) As the first exercise is repeated at the end, it would compromise the child's responses if they were able to remember their original responses when he was doing it again. If he remembers the exercise do not let him turn back the pages and refer to his original responses until he has completed the second one.

d) It is also important to prevent the child from flicking through the pages of the book. To glean uncontaminated data he needs to come across each exercise freshly and spontaneously.

e) It is also necessary for you to maintain possession so that you can photocopy each session's work and keep a parallel copy to monitor progress and keep the research data intact.

4) The first session will be longer than the prescribed hour for two reasons. First, you both need time to get used to being together in this special way and this process has its own rhythm and pace. Second, there is some data which needs to be collected at this point and yet introduced gently so that the forming relationship is not compromised. Both these elements are vital to the future and meaning of the work

5) The notes for each session are prefaced by a list of materials which you will need for that session.

6) Please remember that recording each session is very important and, as accuracy is critical. It is usually best done as soon after the end of the session as possible. I know it is not always possible, either because other things get in the way or because you may feel too tired, [this is exhausting work sometimes] so as soon as you can manage is perhaps the most reasonable compromise.

Session One

Preparation

1) Buy some small stickers for the front page.

2) Have some crayons available [a pencil sharpener too, just in case]. Crayons are preferred because of the quality of shading and line which they produce. Felt-tipped pens are very much a second choice and should not be freely offered to the child. They can be used if the child insists.

3) Write the child's name on the cover of the book in the name-sticker space.

4) Highlight pen.

5) Fill in the appropriate words in the MORE ABOUT ME questionnaire according to which of the child's parents has died and which survives.

6) Buy some biscuits and drink for the session.

The Cover

1) The picture is of a bedroom door which has the title of the book inscribed in the top panel and a host of stickers about confidentiality etc. drawn over the lower panel. This creates a friendly and humorous feel to the book and engages the child to contribute to its content right from the very first page.

2) There is space for the child's name to be written on one of the stickers.

3) There are a couple of spaces left deliberately for the child to either draw or place a sticker of their choice there if they prefer.

Page 1

1) The inner cover of the book is a PLAY CONTRACT presented as an old-fashioned scroll with a decorative seal. The inscription on the seal, 'Friendship Through Play', is a motto for the relationship.

The scroll describes the play work sessions in terms of-safety, [physical and emotional]; confidentiality, [barring any disclosure of hurt or abuse that needs to be reported]; number of sessions; length of sessions; 'special friendship' promise.

2) The worker should read the points out to the child and ensure that he understands about the timing, perhaps by using a calendar or the social worker's diary, writing the child's name in at a regular time and day throughout the weeks, with the number of each session next to that date.

3) There is a space for the child to add anything they would like to be included. The point of this exercise and that of the following ones is that, although the worker is the stronger, wiser person in this partnership, it is a relationship which encourages sharing and a greater sense of equality than is usual in most adult/child relationships.

4) Boundaries within and around the play sessions are set by the worker initially, but flexibility within those boundaries is encouraged. For example, if it seems appropriate for a particular session to be longer than one hour, as it would be against the dictates of good practice to end it prematurely, then the worker is encouraged to exercise their judgement on when it is appropriate to draw that session to a close. It needs to be acknowledged that this has happened and why, so that the extension of time is not seen as a precedent and becomes the established pattern. Boundaries are only purposeful when they are reliable.

5) Each session should start with a reminder to the child that this is session number, and that you have so many left. This maintains the time boundary around the work and progressively anticipates termination.

6) Each session should be held on the same day of the week and at the same time of the day. The ideal time for each session is after the child's lunch. This is so for two reasons. First, if the session has been intense, there is open-ended time to absorb the power of that before it has to be concluded. Second, so that the child is not returned to school where they would have to re-engage with the timetable there, but is taken home and will probably be able to watch T.V., talk to their parent if they want or seek privacy in their room or elsewhere.

Pages 2 and 3 : All About Me

1) These first two pages are facing each other so that the child and worker can complete their separate sections at the same time. This exercise fulfils two purposes.

a) It encourages physical closeness within a structured activity, thereby making that closeness manageable and relatively comfortable.

b) It allows the collection of a lot of information about the child in a pleasurable way which demonstrates the sincerity of the promise of equality and sharing within your working friendship.

2) There are some points about these pages which might need clarifying.

a) The 'colour of hair' statement is followed by 'and it is.....'. This space is for a further description of the length, wavy/straightness etc.

b) 'I live in a...' requires that the child either rings or highlights where they live. They might like to think about which of the more exotic ones they would choose.

c) 'I live there with...' requires the child put down the status of each person, e.g. sister, brother, cousin, mother etc. and name them in the same order on the next lines.

d) When the child names his teacher this is a good opportunity to ask him what the teacher is like. How kind, approachable is the teacher? What is the teacher's voice like? Do they give cuddles to children, read good stories, give out lots of stars or house-points etc.?

3) It is important that the drawing exercise at the bottom of these pages is done in the following way. The child is asked to draw you and you draw the child, bearing in mind those features which the child has described within the questionnaire. For example, if

the child has said that they have blonde hair and you would have drawn it in a mousy brown, then lighten the colour to match the child's self-image. It is not important who goes first but it is important that only one of you does it at a time, to allow the poser to observe the artist and vice versa.

This exercise of reciprocal portraiture permits comfortably close eye-to-eye contact within prescribed limits, allows the child to scrutinise your face and so helps to establish a greater sense of personal knowledge and intimacy. When recording this session it is helpful to comment upon the degree of ease with which you both managed this.

Page 4

1) This is an anxiety and mourning measure which has been designed specifically for this research.

2) The scale has four choices. Although it may be necessary for the child to compromise sometimes when the ideal response is not there, they must respond to every question so that a balance of data is collected.

3) The scale has been designed so that the child displaces any anxiety aroused by the activity in the drawing exercises. If the child says that he does not daydream in school and so can not draw one in that frame, then suggest that he just draws a daydream he has had in the past, or draw something he would like to happen. It is important that he does not miss the drawing parts out.

4) The mourning section needs to be prepared by you before the session by inserting the title of the surviving parent in the space on this page.

Page 5

1) The scales are a self-esteem exercise. The child is asked to put three things he likes about himself in of the pans, and three things he doesn't like in the other. He can draw or write these qualities.

You then ask him which of the pans is the heavier or are they both the same weight. If the child says that one is heavier or lighter than the other then ask how much heavier or lighter it is and, if the scales were real and able to move, where the pans would be. When you feel that you understand how the child visualises the scales, draw arrows to indicate his view of the real balance.

2) The second section concentrates on questions relating specifically to mourning and the child's ability to tolerate their feelings and communicate them to his parent. There are several statements in this section which you need to complete appropriately for each child, with either the word 'mum' or the word 'dad', according to which of those people has the following status.

a) dead parent : b) dead parent : c) surviving parent : d) dead parent : e) dead parent :
f) dead parent : g) dead parent with surviving parent : h) surviving parent about dead parent.

Page 6

1) The child completes the questionnaire.

2) To round off this exercise the child draws a picture of his favourite meal, main course and pudding. This can be a meal he has at home or at school.

Page 7: Colouring exercise

1) This is a photocopied outline of a toy box which the child takes home with him to colour in for the next session. The point of this is that it maintains an attachment between you in the intervening period, which may seem a long time for the child. It also reinforces your promise that you are going to see each other again through the task to be achieved.

Suggest to the child that he might like to add some of his favourite toys to the drawing or embellish the drawing in any way he likes.

2) Ask the child if he would like to choose what you both have as refreshments for the next session.

3) It is quite usual for children to wonder about what happened in sessions and what is to come. They may also have concerns about whether you meant it when you said you would meet again. To counteract any worries they may have and to maintain personal contact, the week after this session buy and send the child a picture postcard. The postcard should have an illustration which, from all you now know about the child, you know will mean something to him. The message needs to say something about how much you enjoyed meeting him and that you are looking forward to seeing him next week.

Session Two

Preparation

- 1) Some glue for the toy box picture to be stuck onto Page 7. I have found that Pritt-stick is really the best and least messy glue for paper-to-paper.
- 2) Crayons.
- 3) Buy whatever the child chose last time for refreshments.
- 4) Check the child has received the postcard.
- 5) Remind the child that this is your second session and that you have four left after this one.

Page 8: What I Know About Life and Death

This is a Concept of Death questionnaire that checks out what the child understands about death in general and his parent's death in particular. The questions are fairly straight forward but there are couple of points to clarify.

1) Children will often say that both a tree and a cat are alive, and there is no problem about that. What we need to know is how refined their understanding of 'alive' is and what they understand to be the difference in their 'alive' states. It may be necessary to follow this series of prompts.

a) The child should be asked if there is any difference between the 'aliveness' of the two.

b) If he does not respond then ask him if the two are are alive in the same way.

c) If the child agrees with this statement then ask him if a cat and a tree can do the same things.

d) If the child still does not differentiate between the two then stop prompting. Please record all his responses after the session.

2) The last section allows you to explore with the child his personal experience of death. It is important to ask him about the following things, not necessarily in this order, more as part of a general conversation:

- a) Who told him that their parent had died?
- b) How was he told, what words were used and explanations given?
- c) Did he see the parent after they had died?
- d) Did he attend the funeral?
- e) Was he asked if he wanted to go to the funeral?
- f) What happened at the funeral?

Page 9 : Feeling Faces

This is an affect recognition exercise and asks the child to define inner states in terms of facial expressions. The child is told that there are no right or wrong answers but that their opinion is what matters. ----

1) The child looks at each face in turn, left to right across the top row and then in the same fashion across the second and third rows. He names the emotion expressed by each face and that is written, either by him or you, under that face.

Happy	:	Puzzled/Confused	:	Angry:
Confident/Content :		Surprised/Shocked	:	Sad:
Anxious	:	Frustrated	:	Cheeky/Humour.

Pages 10 : Where and When

Having identified the child's level of affect recognition in general, we then need to know what level of insight, tolerance and expression he has. This exercise addresses those issues.

The exercise on this page is completed in conjunction with that on Page 11. So you would explore one of the emotions in the way prescribed by the instructions on this page, and then see where it is sited in the child's body outline on the next page.

1) The child is asked to look at each of the faces and say where he has felt that emotion and when that was.

2) Ask the child if he were able to show that feeling at that time and, if so, how he did that and to whom.

3) If the child is hesitant, you share with him an appropriate occasion when you had this feeling and how you were able to express it either then or later. Try to be as explicit as possible, for example, if you were very angry about something tell the child how that felt inside, what thoughts you had and what you wanted to do because of the anger.

4) The worker and child can choose an emotion and act it out for the other to recognise. In this way the child comes to internalise the experience of the affect in a non-threatening environment and without there being any repercussions for its expression.

Page 11: The Colours I Feel

Now that the child has started to own some of his emotions, help him to place them in the body as a coloured shape.

1) Ask the child to draw a coloured shape for each of the emotions he feels in the body outline. It is essential that he uses crayon because felt-tipped pens do not give the subtlety of shade or edge to shapes which is vital to this exercise.

2) Ask the child to think about how strongly he felt that emotion and to consider that when he colours it in, e.g. how strong is the colour etc..

3) When they choose a colour for a feeling, place a smudge of that colour against the appropriate facial expression. [Through this colour-coding I can connect the information from the two pages.]

4) Ensure the child does not use the same colour for two different emotions.

5) It may be that the picture develops a rainbow mixture of feelings that permeate the whole body of the child. If the child puts several feelings into the body outline, point out to him how feelings build up inside us and need to be let out before they merge into a muddy mixture that makes it difficult for us to know which is which, or why we feel certain things.

Ask him how it feels inside the body he has coloured in.

6) It will be helpful to note the intensity with which the colours are applied; this is something which can actually be felt through the paper by running your fingers over the back of the page and feeling the pressure grooves there from the crayon.

Pages 12 -14 : Forever Friends

The story is intended to be read after the play exercises and towards the end of the session.

- 1) Allow time for the child to talk about the feelings generated by the story and to make comparisons between the events in the story and his own life.
- 2) Tell the child how you felt when Molly died to give him permission and encouragement to express his own feelings.
- 3) Spend some time absorbing the sadness within the story by thinking about how Coco and Sunny became friends in a different-way.

Page 15 : Colouring in Coco

- 1) Give the child the prepared picture of Coco to take home and colour in for the next session.
- 2) Check what the refreshments will be for the next sessions.

Session Three

Preparation

- 1) Highlight pen.
- 2) Crayons.
- 3) Buy the refreshments.
- 4) Remind the child that this is session three and there are three left after this one and that the next one will be different.
- 5) At the end describe the fourth session.

Page 16: Trust Circles

This is an exercise which maps out the child's personal trust resources and helps them to contemplate who is there for them now that the quality of their needs has changed. The bereaved child needs to learn that they are vulnerable to hurt from their peers as

they never have been before. Sadly, non-bereaved children can not usually understand the emotional impact of such a loss and it is important that the bereaved child learns to appreciate this and treat their emotional sharing with the respect this new vulnerability deserves.

It is important to explore the trust resources available to him within his family and neighbours, at school, particularly in his form teacher and best friends, as well as among his friends at home and at any clubs.

- 1) The child colours in the centre circle in a way that depicts himself. He may want to use symbols, his name's initial letter, favourite colour etc..
- 2) The inner circle is designated for those people the child can trust with anything he wants to say, at any time.
 - a) As it is deliberately narrow to emphasise the intimacy and careful selection of such trusted people, they need to be nominated by their initials only.
 - b) Ask the child to consider exactly where in this and the other bands each person should be placed, whether they are at either edge or in the middle of the space available.
 - c) It is important to remember that there may be nobody who belongs in this circle at present and that may be painful for the child to acknowledge.
- 3) In the middle ring they place the names of anyone he trusts with most things, most of the time.
- 4) In the outer ring they place those people he can trust with some things, some of the time.
- 5) This is an exercise which is reviewed in the following sessions and people can be moved around from one circle to another by the use of arrows or by re-drawing the circles if the child prefers.
- 6) Please photocopy any revised versions, date them and include them in the play records collection.

Page 17 : Safe Places

This exercise explores real and imaginary places of safety, and what are the qualities that make up safety. Some examples are given to encourage the child to begin to consider his own needs. If the child is unforthcoming then the worker will draw the child's attention to some of the features within each drawing that mean something to them.

1) King and castle: the strength and height of the walls; the moat and the drawbridge to cut off access; the portcullis to guard the entrance; the armed soldiers to protect the castle etc.

2) The cat on the rug: the provision of liked food; the warmth of the fire; the comfort of the rug; the peace and quiet etc.

3) The children on the crossing: the lollipop lady and her authority; the recognised status of the crossing; having company when away from home etc.

4) The baby in the car-seat: being strapped safely in; being protected by an adult; not having to be concerned about what will happen next; being dressed appropriately etc.

The fifth and sixth frames are to be completed by the child and social worker. Each of you will describe the place where she/he feels safe. This can be completely imaginary and descriptive of their needs rather than an actual place, or it can be a known place.

This is an opportunity for the worker to share with the child an appropriate experience of threat when she felt fearful about her personal safety, [e.g. lost as a child, going into hospital for a small operation, going to school for the first time etc.] and what she needed to feel safe again.

Encourage the child to explore a similar experience and relate that to any known anxieties which he has currently, so that he can consider what he needs in order to counteract the anxiety it generates.

Page 18 : Thoughts and Memories

The scatter-pattern is designed to present as a random selection of personal qualities. There are specific clusters which pertain to (i) security, (ii) sensitivity, (iii) personal competence and (iv) temperament. The assessment of the child's response to this exercise can be done afterwards with reference to the following groupings:

i) Reliable, dependable, strong, helpful, calm, excitable, steady, rule-maker, rule-breaker, strict, reasonable, easy-going.

ii) Friendly, understanding, good listener, fault-finder, story-reader, game-player, cuddly, secret-keeper, honest, gentle.

iii) Untidy, good organiser, efficient, busy, forgetful, scatterbrain, confident, clever, trustworthy.

iv) Shy, modest, sociable, generous, bossy, artistic, noisy, worried, anxious, touchy, angry, tearful, gloomy, cautious, showy.

Using the highlight pen ask the child to scan the page and highlight those words which describe his mum. Read the words alongside the child if necessary, so that he covers all the options available. When the child selects a word it is not necessary automatically to explore its significance, but it may be useful to expand upon the occasional choice, but only if the child is willing to do so.

Page 19 : When I think of her I feel

Ask the child to look at the feelings listed here and draw a line from the ones he feels when he thinks of his mother into the body outline. Suggest that he puts them into the place where he feels them, if that seems appropriate.

Ask him if there are any others which are not listed which he thinks ought to be there. Add them to the page and ask the child to draw a line into the body outline.

Page 20 : Thoughts and Memories of My Dad

The same as for the previous exercise about the child's mum.

Page 21 : When I think of him I feel

The same as for the previous exercise about the child's mum.

Finally describe the nature of the fourth session. This is outlined in the next section.

Session Four

GAME SESSION : ALL ABOUT ME

Preparation

- 1) The Pack of cards in All About Me, bearing in mind who is to be designated to go first. The child is usually so keen that it is usually easiest to let them go first and you can direct the order after that.
- 2) Arrange the last card to be, 'Something I like about you...' and for you to turn that one over and address your response to both parent and child in turn.
- 3) Prepare the audio-cassette recorder and practice getting a good recording level by using it with another group beforehand.

All About Me.

The aim of this session is to assess and consolidate the two strands of the work being conducted within the family. This can be done discreetly and through fun by developing a controlled structured conversation between the parent and child, with you as a mediator and guide.

Your role is to support each person to be heard clearly by the other and to allow each one to express emotions and thoughts which might not be as easily communicated in other situations. Although a card may address a particular issue, try to expand the range of the conversation around some of them in order that we can assess the quality of free-ranging exploration there is between parent and child in certain areas. You have a relationship of trust with the child and the parent and can now use that to encourage each person to explore sensitive issues safely in your presence.

When recording the session use the card sequence to remind you of what happened non-verbally, paying particular attention to who sat where and how; what movement there was around the board; what was the quality of eye contact etc.

This series of cards is arranged on the basis of the sequence being child first, then parent and finally the social worker. This is the preferred sequence but it is a matter of judgement and responding to the events of the session. It is important that you turn over the last card and manage drawing the session to a close.

Prepare the pack in the following way:

1) Arrange the following sequence of introductory cards which should be 'safe' for both child and parent. Although I would designate the following as 'safe', the final decision is yours. If you feel that one of them needs to be removed from the sequence, please replace it with another of similar 'safe' value. This principle applies to the other sections in the selected pack.

C: My favourite clothes are.....

P: I love the weather when it is.....

S: The best programme on T.V. is.....

C: My favourite school lesson is...

P: My favourite animal is...

S: My favourite food is...

C: The best time of day for me is...

P: My most treasured possession is...

S: My favourite time of year is...

2) The next section addresses issues to do with self-esteem:

C: The most exciting thing I ever did was...

P: I am the world's greatest...

S: People say I look like...

C: If I could change one thing about myself it would be...

P: It is a real treat for me to...

3) The next section largely addresses issues to do with trust and security. If possible, please try to expand upon the second card's responses by engaging both parent and child in considering who gives good hugs and cuddles and what it was like to be physically close with the dead parent.

S: My best friend is.....

C: When I need a hug I go to....

P: When I have a secret I can always trust...

S: When I need help I can go to...

C: My ideal room would be...

4) This section addresses issues to do with the expression of a range of emotions. It is helpful to expand on one from each state if possible.

P: When I am happy I...

S: Sometimes it is hard for me to keep my temper....

C: When I feel sad I...

P: The saddest day of my life was...

S: I am afraid of...

C: When I feel left out of things I...

P: I feel like singing when...

S: I would like to get a letter from...

5) This section addresses issues to do with relationships.

C: A teacher is someone who...

P: A dad/mum is someone who... [this should be the other parent]

S: A grandma is someone who...

C: A best friend is someone who...

6) This section addresses issues to do with fantasy. Pay particular attention to any symbolic themes of which you are already aware that arise during this section.

P: If I had a time machine I would go to a time when...

S: If I had a treasure chest I would put these things in it...

C: If I ruled this country I would...

P: If I were a bird I would be a...

S: If I were an animal I would be a ...

C: If I were invisible for a day I would ...

P: If I were a plant or a tree I would be a...

S: One thing I like about you ...

Prepare the parent to find a photo of the child as a baby for the next play session with the child. You can show them both the card that says, 'When I was a baby I used to..' by way of an introduction to this activity.

The parent needs to be primed to use the time spent looking through the photo album as an opportunity to establish a memories conversation with their child, which can be picked up on in the next worker-parent counselling session.

Session Five

Preparation

- 1) Scissors to trim the photograph to size for the book.
- 2) Glue for the photograph.
- 3) Crayons for the portraits and joining up game.
- 4) Remind the child that the next session will be your last one together.

Page 22 : My Portrait Gallery

Three empty frames are entitled, Me As A Baby, Me Now, and Me When I Am Old. The child can be asked to provide a photo of themselves as a baby, and draw themselves as they are now and speculate about how they will be in years to come. [It is interesting to note how many self-attributed characteristics in the third portrait closely resemble those of the dead parent in same-sex children.]

Page 23 : Let's Get Together

This just a bit of fun joining up the paired articles. Some have featured in the book and some are new. It is an opportunity to think about those sessions where those images appeared originally if you want to review any part of that conversation.

Although it may seem obvious which goes with which, it would be interesting if the child thought that it should be other than in the following order: toys/toy box : king/castle : clown/flower : hand/glove : fish/bowl : star/tree.

The star and Christmas tree have been put in so that the subject of Christmas and other sensitive times of the year can be discussed by way of this oblique introduction, if it seems appropriate.

Remind child about the TRUST CIRCLES and review any changes.

This is a a time for free play with any toys available.

You might suggest that you read BADGER'S PARTING GIFTS to the child, or offer to lend it to them to read at home with their parent. If he takes up the second option then ensure the parent knows about it and reads the book with the child.

Remember to acknowledge openly that the next session is the last one.

Session Six

Preparation

- 1) A small present for the child, something that will last.
- 2) A small token gift for each of their siblings [e.g. box of Smarties] and something of the same order for the parent.
- 3) Prepare the letter page and stick a current photograph of yourself securely to the page.
- 4) It is important to acknowledge that this is your last session and that you have certain feelings about not seeing the child again in this way. Emphasise the special friendship promise.
- 5) Make the appropriate additions to the HOW I FEEL TODAY pages, the same ones as were on the ALL, MORE & EVEN MORE ABOUT ME pages.

Pages 24 -26 : How I Feel Today

The child may well remember having done this before but do not let him look at the previous responses before he has completed all of the following three pages. If he wants to go back and compare any differences at that point, then that is fine. The drawings at the end are different in that they ask the child to draw his teacher and best friend.

Page 27:How I See The Future

Ask the child what he thinks is going to be happening to him in the future. Suggest that he thinks about a time when he is much older than he is now, maybe even grown up, and draw a picture of what he will be doing then.

If the child has a different time scale for his sense of future then that is fine. It is more a matter of suggesting how far ahead 'the future' might be than prescribing the limits of the drawing.

Page 28: The Friendship Letter

This is something potentially so personal that I hardly feel able to say anything about how it might be done. However, there are certain things which need to be included.

Children I have worked with have enjoyed having a good, current photograph so that they can look at it and remember you and how it was when you were both together in the sessions. They also have loved having something written to them about them, to mark the special nature of that relationship. So the letter should contain both these elements.

Should they feel the need to contact you at a later date, include your work telephone number and address, so that they have personal and immediate access to you.

In order to maintain a helpful tempo to this session you are advised not to give the child the present until they have completed the previous exercises, and probably not until after they have read the letter, although that last point is very much a matter of choice.

Be prepared for the child to feel and express anything from sadness to anger at the end of these times. Regardless of his response, emphasise that your promise of continuing friendship was meant sincerely and that you will keep in touch, although you will not be seeing him in this same way any more. Try to ascertain what the child would like to happen in order to keep in touch so that you have an agreed way of adjusting to the change in the relationship.

Section 1c

The Research Materials

Introduction

The discipline of research and how it was matched to the needs of professional practice through the medium of the materials and processes of the interventions is discussed.

This draws together the discussion in the preceding sections and the development of the premise of the secure base as the guiding principle behind the experimental [lateral] model of intervention and the mark of its effectiveness in comparison with the control [cascade] model.

The Research Materials

The body of materials provided for each social worker concretely represented the discipline and structure of the intervention and embodied the process the data analysis would follow. There were two sets of materials provided for each group: explanatory documents and data collection instruments. Some were common to both groups but some were only relevant to the practice of the experimental group because of the direct work with the child.

Explanatory Documents

There were two purposes for this group of materials: the provision or reminder of information and the maintenance of uniformity within practice.

It was anticipated that because of the nature of frequency of referrals, there would inevitably be some lapse of time between the training and initiation of work for some social workers. Therefore each social worker was provided with several documents which contained information about the principles underpinning the research and the management of the practical issues. All of these topics were covered during the training sessions. The documents were presented as reminders rather than instruction. The presence of the documents mean that the social workers did not have to be taking notes throughout the training and consequently could be more relaxed during the sessions.

The second purpose was to maintain uniformity within practice. During the training sessions I emphasised the need to approach the intervention with one's individual style but to be mindful of the research need for uniformity. Particular emphasis was laid upon the need for standardised procedures in both the data collection and in the preparation for the children's sessions. To this end the social workers were provided with the following documents relevant to their group [see appendices Control Group Folder (Model of Intervention : Criteria for Referral : Parent's Letter: Teacher's Letter: Research Instruments) and Experimental Group Folder (Model of Intervention: Criteria for Referral : Parent's Letter : Teacher's Letter: Research Instruments)]

Explanatory research material

Model of Intervention : a description of the method of intervention for that group

Referral Criteria : criteria for inclusion in the research study by group

Parent's letter : an explanation of the research for the parent with an offer of a short report on the outcomes. It was written on Barnardo's notepaper to confirm the research was held within the auspices of the organisation and signed by me to provide an appropriately personal element

Teacher's letter : an explanation of the research in a similar fashion to the parent's letter

Group Measures : a description of the instruments used in the data collection, the manner in which they were to be applied and the logic behind that process

The experimental group was provided with additional explanatory material relating to the work with the child and school [see appendices The Bereaved Child In School: Creating The Secure Environment : The Playwork Book User's Guide].

The Bereaved Child In

School : a document which was to be given to the teacher once it was established she was to be the child's chosen person at school and after she had completed the initial instruments. It contained a brief outline of characteristic responses in children of primary school age to bereavement. It also covered the potential role of the teacher in helping the child feel more secure in school and how this could be achieved. Some references at the end encouraged further reading if desired.

Creating The Secure

Environment : a document for the social worker to refer to which contained a description of the principles of the playwork relationship and discussed the need to create a secure base within the playroom

Playwork Book

Instructions : a document for the social worker to refer to when preparing each session with the child. It contained a detailed description of the manner in which the playwork book was to be used session by session, including a checklist of the materials necessary for each one. Each exercise was covered in depth and suggestions made about the use of prompts to the child or observations made about markers of non-verbal behaviour. The tone of the document was intended to strike a balance between being prescriptive or didactic to the experienced worker and supportive and instructive to the less experienced worker. Its purpose was to ensure that every worker used the book in the same way thereby eliminating the variable of idiosyncratic practice as much as possible.

Data Collection Material

Both groups were provided with three sets of materials. The first set of documents collected background data, the second set contained the instruments which were applied at the beginning and the end of the intervention and the third, a set of recording formats, defined and recorded the process of the intervention.

Background data documents

The three forms in this section collected data which described the family and significant school personnel [see appendices Family Profile (the appendix version has condensed spaces between headings): Teacher's Profile: Head Teacher's Profile].

Family Profile : a document that allowed the progressive collection of significant data about the family's experiences and management of the illness and death. The completed Profile provided a comprehensive assessment of the child's relationship with both parents throughout this period, the family's coping strategies, critical and significant events and the parent's attitude and experience of the child's school. An additional exercise constructed a map of the parent's social support network which also recorded the frequency of contact with each person.

Teacher Profile : a document completed by the social worker after the meeting at school had been held. The data established the teacher's age, years of experience and described her attitude to social work involvement. The social worker was reminded of the need to assess her suitability to 'befriend' the child by the section on the teacher's past or impending bereavements. The final section recorded the nature, content and outcome of the meeting.

Head Teacher Profile: a document similar in content and purpose as the Teacher Profile

The Instruments

The anticipated sample of 30 : 30 would allow a combined qualitative and quantitative analysis. The qualitative data was collected by the instruments I designed for the study, some of which I have described above and the remainder are described in the third part of this section. Selecting the quantitative instruments was more problematic. I needed to apply instruments which were acceptable to the social workers and parents and which would incorporate the factors revealed by the literature to be influential in promoting the secure environment and mourning in bereaved children. They needed to be sensitive to the changes brought about during the course of the two models of intervention and provide comparative measures of effectiveness.

After careful consideration I decided to use three standard instruments [Rutter A(2), Rutter B(2) and the Bristol Social Adjustment Guide] and design two myself [Child Behaviours Checklist: Parent and Child Behaviours Checklist: Teacher] to assess mourning-related behaviours. These instruments were the sources of quantitative data for both groups. The parents' instruments [Rutter A and Child Behaviours Checklist: Parent] were completed during the first and last sessions and the teachers' instruments [Rutter B, Bristol Social Adjustment Guide and Child Behaviours Checklist: Teacher] were completed at dates as close as possible to those when the parent's instruments were completed. This would yield a body of data which was matched by time and thereby allow comparisons to be made.

Why these instruments were selected

I selected the final cluster of instruments after assessing the suitability of a variety of alternatives. The problem was finding instruments which measured the factors in which I was interested, within the age range of the sample and in a manner which was acceptable to the subjects and the social workers. This latter point was of considerable importance.

It has been my experience that social workers do not feel comfortable making

assessments in a structured way. I have been aware of a general resistance to 'form filling' as a means of assessing people and have frequently heard social workers refer to this approach as 'clinical', the term being used in a derogatory manner. It was therefore necessary to select instruments which were going to appeal to the social workers because if the instruments were resisted the research fall at the first hurdle.

A review of existing instruments

It was with these considerations in mind that I examined the potential of a number of existing tests and discussed the problems with local clinical and an educational psychologists and a psychiatrist at local paediatric unit. I also discussed the dilemma with a clinical psychologist at Great Ormond Street Hospital and she sent me a copy of the Battle Culture Free Self Esteem Inventory [1981] which, although we both recognised was not relevant to my study, nevertheless was very helpful as reference material, particularly when I came to construct my own instrument.

There did not appear to be any one instrument which would meet the requirements of the study and it seemed that I would need to combine one or more in order to do so.

I explored the literature [Barrett & Scott 1989 : Hodges 1993 : Fonagy et al.1994 : Murphy 1986 : Ross et al. 1965 : Wilson 1985] and contacted various organisations which published and distributed instruments but without success. For example, although the NFER-Nelson catalogue contained a wide range of different assessments, no one instrument was either appropriate for my sample by age or if it was then it was too long to be combined with another instrument in one session. I discovered several instruments which assessed manifest anxiety, or self-esteem or mourning, but each one was quite lengthy and not always relevant to my study's age group.

There was one instrument which I considered at length but finally rejected, this was Achenbach and Edelbrock's Child Behaviours Check List [CBCL]. Initially I thought it might be suitable because it was designed by age group and gender and contained items

which were relevant to my analysis [Achenbach T.M. 1978 : Achenbach T.M. & Edelbrock C. S. 1979 : Achenbach T.M. & Edelbrock C.S. 1981 : Edelbrock C.S. & Achenbach T.M. 1984]. There were two main disadvantages to the CBCL, one was that it was very long [118 items] and took 25-30 minutes to complete. The second was that none of the items applied specifically to mourning-related behaviours. In the light of my knowledge of social worker's resistance to formal instruments, and with a suspicion that teachers would also find it somewhat daunting, I concluded that it was inadvisable to use this system, even though it would have yielded very interesting data.

The reasons why picture-based tests were rejected

I considered a number of picture based instruments because they might have been less taxing for young children to complete as part of a combination of instruments. The most suitable one of those I reviewed was the Klagsbrun-Bowlby Separation Anxiety Test [KBSAT] [Klagsbrun M. & Bowlby J.1976] which derived from the Hansburg Adolescent Anxiety Test [HAAT]. I was particularly interested in this test because it appeared to provide an assessment which, if it were appropriate, would provide a body of data compatible with the principles of attachment theory and, therefore, with the premises of the research study.

Hansburg Adolescent Anxiety Test

The KBSAT had been adapted from the HAAT [Hansburg 1980], the purposes of which were to assess resourcefulness, coping strategies, competence and integrity in situations of personal threat. It also measured the subject's ability to maintain intellectual and social performance levels in times of crisis, both of which had been identified as significant features in tests with bereaved children [Felner et al. 1981 : Fonagy et al. 1994].

The HAAT was conducted by means of a series of twelve black and white pictures which depicted a sequence of anxiety provoking scenes of varying intensities. The scenes were described to the subject by the tester and the adolescent was asked to respond. The

protocol for the test was as follows :

Generally the protocol should show a capacity to take separation, tolerate pain, retain individuation, keep hostility to a minimum, feel a degree of stress to identity, deal with losses of self-love and self-esteem, and show an ability to use reality avoidance to reduce stress.

p. 138

Although highly appropriate in principle, the manner in which this test was designed made it inappropriate for the younger children who were the focus of my study. The pictures required the subject to identify a situation which he may or may not have experienced and describe his internal state and physical responses. Pictures 10 and 11 were specifically about separation through death and Picture 1 referred to permanent abandonment of the child by the parents. These scenes were depicted in darkly depressing drawings which I considered to be overly evocative for my sample group and, consequently, I judged these stimuli to be unacceptable on ethical grounds. The elements of experience, insight and ethical considerations made the application of the HAAT inappropriate for my study.

Klagsbrun-Bowlby Separation Anxiety Test

The HAAT was adapted by Klagsbrun and Bowlby [1976] for use with children aged 4-7 years, which made it appear more appropriate by age for my study. The stimulus materials used were more moderate which suggested it might be more acceptable with regard to the ethical considerations.

The Klagsbrun-Bowlby SAT was based on children's responses to a series of six photographs depicting scenes of a child being separated from his or her parents. The photographs were expected to elicit either moderate [M] or severe [S] levels of anxiety. None of the photographs depicted separation by death or suggested permanent separation. The photographs were presented to the subject in a set order [M-S-S-S-M-M] and the child's responses were recorded and analysed in terms of his emotional expression and attachment classification. Although it was a more moderate test, the

ethical considerations for my sample group remained unresolved. Slough and her colleagues [Slough et al. 1988] reviewed the process of application and scoring and devised the Seattle Version of the SAT, which made further modifications designed to accommodate gender differences arising from the discrepancies between the stimulus material.

Conversation with Ann Shouldice

I still had some reservations about the ethical aspects of generating anxiety in order to measure it. It was as a result of these concerns that I contacted Ann Shouldice [MRC, Cambridge] who, in partnership with Joan Stevenson-Hinde had adapted and used the KBSAT with two different age groups, 2.5 year olds and 4.5 year olds [Stevenson-Hinde J. & Shouldice A. 1990 : Shouldice A. & Stevenson-Hinde J. 1992]. Shouldice and Stevenson-Hinde had redefined the labelling of the pictures as a result of their experience of children's responses in the pilot study [e.g. 'parents going out for an evening' was altered from moderate to severe]. The sequence was also adapted to a S-M-S-M-S-M sequence.

We discussed the changes and the appropriateness of the adapted test for our separate research samples. Shouldice informed me that although she and Stevenson-Hinde had moderated the test because of ethical considerations similar to my own, the children with whom she had conducted the test had become very distressed during the test session. Some had become so distressed that the test had to be stopped. To her knowledge none of these children had been bereaved recently and neither had any of her sample been bereaved of a parent. She very kindly sent me a set of the photographs which, although rather dated by the models' dress, did appear to be deceptively mild as stimuli.

The ethical and practical reasons for rejecting the adapted KBSAT

Despite the appearance of the material I decided in light of my discussion with Shouldice that this test was inappropriate for my study. I considered it unacceptable

knowingly to raise anxiety in a child and cause distress within the context of a test or to risk that happening. This was not only ethically unacceptable but had practical implications.

The child's experience of distress within the test would unavoidably be associated with the social worker and this association would compromise her therapeutic relationship with the child, thereby undermining the foundation of the whole intervention. Reluctantly I had to exclude the test and all other picture based tests because they would all present the same unresolvable ethical and practical dilemmas.

The reasons for selecting the final instruments

As a result of these processes I finally selected the combination of the Rutter A(2) and Rutter B(2) to be used in conjunction with the Bristol Social Adjustment Guide [BSAG]. This decision was made on two grounds. Firstly, the instruments complemented each other. Although there was some repetition of items, the Rutter instruments largely provided an assessment of emotional and conduct disorders, whereas the BSAG provided a descriptive overview of broader states and social behaviours. The Rutter scales were designed to identify "... broadly defined but clinically relevant behavioural disturbances." [Elander J. & Rutter M. 1996]. They were also designed to be used in conjunction with other scales when more specific measures were required. There was an additional attraction in that the scoring regimen was flexible, allowing scores to be derived from total and subscale scores, and allowing adaptations to be made within the factor groupings.

Although the Rutter instruments and the BSAG did not use exactly the same categorical variables, the differences between them lay in the terminology rather than the founding principles.

The second reason for selection was that the instruments were easy to apply and it was possible to complete them relatively quickly.

The need for and design of a complementary, original instrument

To complement these two instruments I designed the Child Behaviours Checklists; one to be used with the parent [CBCP] and the other with the teacher [CBCT]. The purpose of these instruments was to measure the absence or prevalence of security based mourning-related behaviours.

The elements were arranged in a sequence which mixed state and trait items so avoiding any implicit areas of interest. The items were rated on a four point scale of frequency which were then scored from 0 to 3. In order to reduce the chance of the subject making prejudicial assumptions about 'good' or 'bad' responses, or completing the instrument in a routine manner [e.g. ticking all the boxes in the same column] 40% the items received a positive score [i.e. the presence of an undesirable feature] of '3' when rated as 'Hardly ever' and 60% received a positive score when rated 'Most of the time'. I made provision at the end of the instrument for the subject to add on any comments which may have been stimulated by the instrument and to clarify or amplify any of the responses made.

The process by which the instruments were to be completed was constructed in such a way as to encourage conversation about the child between the subject and the social worker, thereby facilitating a more sensitive awareness of the child's experience of his bereavement within the context of his relationship with the subject and within that environment. It was interesting that both the teachers and the parents found completing the instruments useful and enlightening because they were required to focus their attention on the child in a way which had not happened before. They both commented on the positive nature of this experience.

All the instruments were selected or designed with the way in which they presented in mind. All three had a clean, uncluttered appearance and their completion followed a simple, logical pattern.

The Process for Completing the Instruments

The manner in which they were to be completed was described in detail in the document Group Measures. The sequence by which the process was to be conducted was laid out in order to achieve uniformity of data collection. The parent and teacher completed the instruments during the first contact with the social worker after the research study had been introduced and discussed. They were seen separately and completed the instruments in the presence of the social worker. The stages were as follows :

- i] The parent or teacher was to be given the letter and allowed time to consider the implications of commitment to the research.
- ii] This was followed by the appropriate Rutter form.
- iii] This was followed by the appropriate Child Behaviours Checklist.
- iv] After this the teacher was given the Bristol Social Adjustment Guide.

Although this created an imbalance of data between the parent and teacher at this stage, the data from the Bristol Social Adjustment Guide was balanced by parental data collected from the parent's counselling sessions. The social worker was also encouraged to write down any additional comments made by the teacher or parent and asked to avoid changing any initial responses.

The need for standardised collection was reinforced by the manner in which the instructions were written. The instructions were couched in exactly the same terms and presented in the same order for both the initial and final stage instruments, thereby reminding the social worker of the need for uniformity throughout the procedure.

Quantitative data from the child at the beginning and end of the intervention

The experimental group also obtained quantitative data from the child. The first session used a questionnaire in the Playwork Book entitled More About Me [see My All About Me Book : Pages 2 -6]. This was a thirty-five item questionnaire which included items similar to those within the parents' and teachers' instruments. The child's questionnaire was conducted during the initial play session and repeated at the beginning of the last play session [see My All About Me Book : Pages 24 -26]. The instructions about the application of this instrument followed the same principles outlined above.

Quantitative data from the child about his concept of death

There was also a questionnaire about the child's understanding of death which was conducted at the start of the second session [see My All About Me Book : Page 8]. The purpose of this exercise was to evaluate the maturity of the child's concept of death, as the pre-condition for mourning [see Chapter 5], whilst establishing the purpose of the relationship and giving explicit permission for the child to think about his personal bereavement experiences with the social worker.

The responses were evaluated quantitatively and qualitatively. Each item was scored by one of three responses, 'No', 'Yes' and 'Sometimes'. In addition, if the child selected the incorrect or unexpected response [e.g. a) When someone dies can they move their arms or legs? Response: Sometimes.] the social worker was instructed to pursue it further and discover why that response had been made and record it in the sessional record. This additional element was incorporated in acknowledgement of the inappropriateness in children of verbal responses alone to statements which, although may appear simple and clear, because of their abstract nature, have the potential for arcane individual meanings and consequently must be treated as subtle and complex.

The Process Of The Intervention

The need for a degree of practice uniformity

The process of the intervention followed a prescribed structure which was laid out in the Model of Intervention document. Although this was described in detail, it was recognised that each social worker would have her own idiosyncratic style and contribute aspects of her own personality and expertise to the work. Therefore, in order to control for the influence of the individual social worker, it was necessary to create an infra-structure to guide the approach and provide internal controls : this is defined in the Criteria For Referral and Group Instruments documents.

The body of the practice was also susceptible to the same variations, therefore it was necessary to create a super-structure to create boundaries to the practice and monitor the process of the intervention. This was achieved in two ways. Firstly it was achieved in the sessions with the parent by the recording formats for each session. There was a set of headings on the recording sheets which implicitly defined areas to be covered whilst encouraging the social worker to have her personal style within the counselling relationship [see appendix Parent Session Records 1-6]. It was also achieved by means of the Family Profile which required the collection of a body of data as part of the larger data collection process.

The need for compromise in the practice with the child

The nature of the work with the child was more problematic. I would usually advocate a non-directive approach in playwork with children, but that would be wholly incompatible with the needs of the research study and presented practical and ethical difficulties with those social workers in the experimental group who were inexperienced in working with children. The data needed to reflect a uniform process for each child within which individual variables could be tolerated, or even used as comparative data in case by case analyses. The dilemma was how to combine the unconditional regard of the therapeutic relationship with a directive approach, without the latter negating the critical experiential elements of the former.

Clearly it was not possible without some degree of compromise. This was achieved by creating the Playwork Book which was comprised of a series of exercises and activities. Each session was scheduled to contain a certain number of these exercises which combined to make a coherent whole, both session by session and overall.

How the need for practice uniformity was translated into the process of intervention

The outcome of the need for practice uniformity was that both the control and experimental groups used the Parent Session Records, whilst the experimental group had three additional sets which pertained to the work with the child.

Parent Session

Records: a series of six formats, one for each counselling session. Each record format had headed sections referring to the social worker's expectations of the session, the parent's main concerns, the depth and range of the topics covered, the patterning of mood and the agreed or anticipated aims for the next session. The first record format had sections about the parent's response to the research invitation and how the instruments were completed. The last record format had sections about completing the instruments and the parent's feelings about this being the last session. There was also a possibility that the sessions would be extended and, if this was the case, then the reasoning behind this was recorded here.

The experimental group was provided with the following materials which pertained to the work with the child [see appendix 3 Child Session Records : Playwork Book: All About Me (+ audio recorder)]

Child Counselling

Records: a series of formats, each one of which collected information about the setting and the way in which the child used the materials provided by the social worker. Subsequent sections

concentrated on each of the exercises which were scheduled for that session, drawing attention to the verbal and non-verbal communication of the child as well as his willingness to engage with them. Although the detail of each record format was different there was a similarity of tone, process and content throughout.

Playwork Book: a series of exercises presented in the form of play activities which were the content of each session. The exercises evaluated the child's status at the beginning and end of the six sessions and assessed critical elements in his cognitive and affective functioning.

All About Me &

Audio Recorder: a board game with a pack of cards constructed in a pre-set order [see Playwork Book Users's Guide : Session Four] to facilitate a structured conversation between the parent, child and social worker about a range of issues. The conversation was audio recorded and recorded in the traditional manner. The tape was transcribed and analysed with particular attention being paid to tone of voice and fluency of conversation.

The social worker is required to complete the recording sheets as soon after each session as is possible, photocopy them and send me the originals. The duplicated copy is kept on file by the social worker in case the original is lost in the post or there is a need to discuss the material at some future date. The only exception to this procedure occurs with the audio tape which can not be duplicated as easily.

The recording materials I received were treated, stored and destroyed in accordance with the ethics and precepts of professional practice. The social worker was required to inform the parent and the child of this arrangement, and secure their consent before

engaging them in the study. There was an additional aspect to confidentiality within recording in that the parent and child were only asked to provide their forenames. Their home address and the address of the school were not required although, in some cases, the parent spontaneously included this information. None of the parents or children expressed any concerns about this issue. I assumed from the instances of personal information being given when it was not requested, that the provisions I had made were reassuring and made inclusion in the research very acceptable.

Summary

Each group was trained in the research methodology and equipped with all the materials needed for the work. Some existing instruments were found which were appropriate for this study and complemented by two which were designed specifically for the study. Original material relating to the recording and structure of the sessions was also designed. Each stage of the process was explained in accompanying documents which the social workers held on file.

Although considerable attention was paid to the need for uniformity of practice, the study also aimed to encourage the social workers to use their personal skills and styles of work within the practice. The data collection materials defined the parameters of the process and the content of the intervention, whilst accommodating individual features.

Conclusion

The principles and practical issues of design and implementation had been considered in full, as had the ethical issues. Although it is acknowledged that with unlimited time and resources there were some improvements which could have been made, it was judged that within the constraints of the academic timetable and the demands of practice, reasonable and thorough provision had been made. It was against this background that I was obliged to make considerable adaptations to the intended study because of what transpired in the following months, the details of which form the substance of the next section.

The Control Model of Intervention

Introduction

The model of intervention was developed in response to the nature of referred children of primary school age. The practice is firmly rooted in Attachment Theory which, founded as it is on the twin bases of security and attachment, is a highly appropriate framework for social work in this area. The aim of the intervention is to enhance the quality of security within the child's personal environment and thereby create a situation in which the process of mourning can be initiated and sustained developmentally appropriately.

I define security as a sense of safety in the present and an expectation of a predictable environment in the future. It also implies an ability to rely realistically upon others when that security is threatened and to view the need to do so as a positive use of personal resources.

The optimum outcome of the intervention is that the child who is the focus of concern is able to pursue the process of mourning without that inhibiting other developmental goals or affecting their academic performance.

The Process of Mourning

Mourning can be described as a process whereby the mourner considers the relationship which has been lost and attempts to integrate the thoughts and emotions generated by that experience into their understanding of the world as it is without that person. It is also a process whereby the mourner contemplates what might have been and comes to some resolution of the tension between regret and hope. It is a process of discovery about oneself and the dead person, an exploration of that relationship.

As all human relationships are essentially imperfect, mourning involves having to confront uncomfortable and painful aspects of the relationship which the mourner no longer has the opportunity to change or improve. This involves the adult in a series of monumental tasks, tasks which are even greater for the child.

The Experience of Living With Cancer

All experiences of change incorporate loss. Change demands that we adapt in order to accommodate the new state of affairs. Loss and change are inherent features of protracted illness both for the patient and all those upon whom it impinges. The diagnosis of a life-threatening illness is a major threat to the present security and expectations of the family's shared and individual futures.

Progressive illness imposes a sequence of adaptations from each person. The strain this imposes is especially great because the sequence is not predictable. The struggle of family life is to maintain some semblance of normality against a background of shifting uncertainty and intense emotions. Therefore, from the time of diagnosis onwards each family member is bereaved. They have lost the established pattern of family life, their notions of what is reliable in the present and have been robbed of their assumed future.

Typically the ill person is lost gradually and repeatedly: new symptoms, changes in medication and care regimes all create experiences of loss. The family experiences repeated demands upon its collective resources and there is often very little available to replenish them. So it is understandable that the family who enters into mourning following such an experience is diminished rather than strengthenedand yet they have some of the hardest work still to do.

The Impact of Bereavement on the Child's Security at Home

Bereavement impacts our sense of security on all levels, taking away the assumed world and replacing it with a totally new order. In fact to use the term 'order' is misleading as there is often little perceptible order to this new regime. The struggle is to create some order and manageable control over the emotional and cognitive chaos that results from such a profound loss.

Families which may have stoically managed the illness state may, paradoxically, be more affected by the death than those who have got through it minute by minute, crisis by crisis. Perhaps it is more accurate to say that there is a greater contrast between the two states, and that the bereaved state is a truer reflection of their emotional life during the time of coping with the illness but that these feelings were suppressed in the interests of managing the daily stress of living with loss. Whatever the cause, children living in such families may be just as vulnerable to feelings of insecurity, because of the intensity and degree of change experienced following the death, as children living in families which have managed the situation in a less orderly way.

Similarly, a child who is a member of a close-knit family may be more vulnerable to such a state because the whole fabric of their family is torn apart by the loss of their parent. Resources which may have been available to them in the past are now diminished or inaccessible. For example, when a parent dies the child often feels that they are virtually orphaned: they lose one parent through death and the other to their grief. Although the experience of being 'orphaned' may be shared with siblings, it has been shown that siblings can not offer the quality of support that is needed, and neither should they, as they too are bereaved children.

The feeling of abandonment is heightened by the impact of the death upon extended family members. The grandmother who was perhaps a sympathetic friend and would listen to the child's woes and secrets, is now a bereaved parent and immersed in her own grief. Uncles and aunts have lost a sibling, or are living with a partner who is acutely bereaved. The whole family dynamic is altered and the child has to seek what comfort they need wherever they can for a while.

Alongside the ripples of bereavement that spread through the family, the child is also vulnerable to anxiety through a combination of survival worries, loyalty to the surviving parent and the tendency in bereaved parents to under-report distress in their children.

Children who feel insecure will not want to further jeopardise their position by undermining their parent's ability to cope. Children are often encouraged by well-meaning adults to 'be good' for Mummy now that Dad is 'not here', and understand all too well the silencing message implicit within that request. Consequently, the bereaved child will suppress their tears or anger, and keep quiet about potentially upsetting issues with their surviving parent so they are not further distressed.

The grieving parent, who is often overwhelmed by feelings of despair and sadness, is understandably less sensitive to the child's needs at this time. As in school it is the quiet child, the one who is no trouble in class who is overlooked, so it is with the 'good' bereaved child. It is easy for the parent to believe that an apparently content child is just that.

From this brief outline of the immediate impact of bereavement upon the family it can be seen how vulnerable all children are to the negative effects of loss. There are several influential factors which can act against the child even in the most loving and caring families. For many children this is a temporary state, one which can be endured with 'good enough parenting'.

The Process of Intervention

1] The Bereaved Child

Bereavement confronts young children with an experience which makes demands upon them often beyond their normal developmental capacity. The process of mourning is not one which can be started and completed within childhood. In relation to mourning, the child is handicapped by their emotional and intellectual immaturity and is therefore limited in what can be managed by their developmental capacity. They are also physically more vulnerable than adults, as they are dependent upon adults for their

care. Consequently bereaved children are vulnerable in three critical areas of their lives, both at the time of the loss and in the years that follow.

Healthy development for children means that they learn about the world and themselves through exploration. The child becomes increasingly independent of his parents and so more and more comes to experience the world from his own perspective. This is, as we all know, an essential element in the maturational process. In order to be able to do this the child needs to have enough security and self-confidence to support him in taking chances with new experiences. Only by extending himself will the child develop a maturing awareness of himself and others around him.

Bereavement is an experience which contradicts the pattern-of-security, thereby threatening the exploratory drive which is intrinsic to personal development. Nothing is safe anymore, nothing can be taken for granted and, therefore, the child may view anything unknown as a threat rather than a challenge. If the child feels so insecure that he can no longer continue to explore the world, then he is understandably reluctant to explore the world of mourning with all the hazards contained there. He needs a special sort of conversation with the surviving parent in order to be able to manage to mourn.

2]The Bereaved Parent

As we have seen, by the time the ill parent has died the family is exhausted and yet there is still so much to do. The official wheels start to roll and there is an endless stream of forms and papers to fill in and sort out. The funeral has to be arranged and all the decisions and diplomacy that go with that family balancing act. At a time of overstretched resources the waves of demands keep flooding in. It is understandable that adults have great difficulty in considering the needs of children when they are so absorbed in the practical tasks and their own emotional needs.

In some exceptional families the children will be given as much consideration and attention as they need. These children will have a good experience of death. In most families compromises are made, some of which are regretted later when there is time to consider, at greater leisure, what might have been. All these changes and decisions consume the parent for the while, and then they are consumed by their grief.

Most parents need supporting through this taxing time, support that comes from a variety of sources. As time goes by their need persists but family and friends are less available, they are getting on with their own lives again, and the parent slips into another way of life alongside the everyday world. If a child in that family starts to exhibit raised levels of anxiety it is then that the parent has the greatest need for

professional support and the social worker has most to offer.

The Counselling Relationship

Parenting is a hard enough job when there are two parents who live in relative harmony, but it presents seemingly insuperable problems when all the responsibilities are borne by a lone parent. That person needs to have extra strengths and capacities just to manage the daily demands of the family. The experience of bereavement leaves us feeling diminished, not just by the lack of the dead person but in an inner sense: when someone dies they take part of us away with them. The responsibilities of parenting in these circumstances are weighty and burdensome. Our role is to be a concerned and knowledgeable person who supports the parent and enhances rather than undermines their parenting skills, while supporting them through their own mourning. This is achieved in two ways.

1) The parent is offered six fortnightly counselling sessions in which they are free to explore the feelings, thoughts and regrets which constitute mourning. This conversation is something special and intensely personal that nobody else can offer. The relationship is not clinically managed in that the social worker is friendly and visits frequently, if not usually, at the parent's home. They are a welcome visitor.

2) The parent benefits from drawing on the experience and insight of the social worker, which combine to make them a stronger, wiser person at a time when that is exactly what is needed. These attributes are used in assessing and accommodating the changed needs of the child.

This combination of facilitator and partner is the most helpful and productive balance. The counselling relationship enhances the parent's self-image and maximises their potential at a time of reduced capacity and increased vulnerability. The anxious child benefits indirectly from the parent's improved state.

Control Group Research Information for Teachers

Children who are bereaved of a parent are known to be especially vulnerable to developmental disturbance, not only at the time of the death but for many years after the event. We all want to help them manage this difficult situation but sometimes it is hard to know what to do for the best. Parents are often so immersed in their own grief that it is hard for them to get through each day. They too need all the support they can get to help them manage this very difficult time.

Teachers play a very important part in all children's lives as educators, role models and friends, and can possibly make a special contribution to the welfare of the bereaved child and their family. It is with this in mind that a research programme has been established to explore those elements of the bereaved child's world which can help them combat the negative effects of bereavement and maintain healthy development.

The Research Study

One of the main aims of this research programme is to discover what elements within the child's environment are most influential to the establishment of mourning. Healthy development for the bereaved child depends upon their ability to mourn the loss of their parent. Previous research has shown that this process can not be initiated unless the child has a secure emotional foundation.

This study is part of a doctoral research degree undertaken by Peta Hemmings and funded by Barnardos. Peta is a Senior Practitioner with Barnardos and specialises in working with seriously ill parents and young bereaved children. The research is based at York University, within the Department of Social Policy and Social Work.

As part of the research you will be asked, on two occasions to complete three measures. All the information collected from teachers, parents and children will be treated in total confidence and is being collected with the permission and encouragement of the participating families. The data will be analysed and produced the thesis in a way which guarantees absolute anonymity and confidentiality for everyone concerned.

If you are interested in the outcome of the research findings a short report, covering the salient points, can be sent to you at your request, at the end of the study. If you wish to have any more details about the research, please ask the hospice social worker, or contact Peta Hemmings at: Barnardo's Orchard Project, Orchard House, Fenwick Terrace, Jesmond, Newcastle-upon-Tyne NE2 2JQ.

Control Group Research Instruments

Introduction

There are a cluster of instruments which are used to measure various qualities within the family and school. These will be applied at the very beginning of the work and at the end, so that we can develop a comparative picture of any changes. The parent and child's class teacher need to complete fully all the instruments supplied.

Initial Stage Instrument

When carrying out the following tests please emphasise to each person that there are no right, wrong or preferred answers. Their opinion at this time is what is valued above everything else. They should be encouraged to use the scales to describe the child as they understand them to be currently.

The Parent's Instruments

- 1) The parent will be asked to read the letter from me describing the purpose of the research. Allow them the opportunity to consider whether they want to be involved and what that means for them. It is important that parents do not drop out of the programme, so a degree of commitment is necessary at this point.
- 2) Once they have had the opportunity to consider whether they want to be involved and what that means for them, and have agreed to do so, give them the RUTTER A scale and ask them to complete it. Make sure they respond to every statement and add any comments they want to in the space at the end.
- 3) Next give them a copy of the CHILD'S BEHAVIOURS LIST and ask them to complete that.
- 4) Both of these should take only a matter of fifteen or twenty minutes at the most.
- 5) Do not let the parent to revise any of their answers once they have completed a scale. Explain that to do so would influence the data.
- 6) Explain to the parent that the teacher will need to complete similar instruments and ask their permission to contact the teacher to engage the school in the research. Explain the way in which this will be done and ensure that the parent is in accord with your plans.

The Teacher's Instruments

- 1) The teacher needs to be given the single information sheet which describes the research.
- 2) Once they have agreed to participate give them the RUTTER B scale and allow them time to fill that in. Encourage them to add any comments they wish at this point.
- 3) Once this has been completed, hand them a copy of the CHILD BEHAVIOURS LIST and ask them to complete that.
- 4) Once this has been completed, give them the BRISTOL SOCIAL ADJUSTMENT GUIDE and allow them time to complete that.
- 5) These three items should take approximately twenty minutes to complete.
- 6) Do not allow the teacher to revise any of their responses once they have completed a scale. Explain that to do so would influence the data.
- 7) Explain to the teacher the model of intervention which is being analysed and tested by the research and describe their role to them more fully.
- 8) Complete the TEACHER'S PROFILE form with as much detail as possible.

The Final Stage Instruments

The Parent's Instruments

- 1) Give them the RUTTER A scale and ask them to complete it. Make sure they respond to every statement and add any comments they want to in the space at the end.
- 2) Next give them a copy of the CHILD'S BEHAVIOURS LIST and ask them to complete it.
- 3) Both of these should take only a matter of fifteen or twenty minutes at the most.
- 4) Do not let the parent to revise any of their answers once they have completed a scale. Explain that to do so would influence the data.
- 5) Remind the parent that the teacher will need to complete similar instruments.
- 6) Remind the parent that they can be sent a short report on the outcomes of the research once the thesis has been completed.

The Teacher's Instruments

- 1) Give the teacher the RUTTER B scale and allow them time to fill that in. Encourage them to add any comments they wish at this point.
- 2) Once this has been completed, hand them a copy of the CHILD BEHAVIOURS LIST and ask them to complete that.
- 3) Once this has been completed, give them the BRISTOL SOCIAL ADJUSTMENT GUIDE and allow them time to complete that.
- 4) These three items should take approximately twenty minutes to complete.
- 5) Do not allow the teacher to revise any of their responses once they have completed a scale. Explain that to do so would influence the data.
- 6) Thank the teacher for their co-operation in the research and ask them how it has felt for them to be as involved with the child as they have.
- 7) Remind them that if they want to know the outcomes of the research, they can be sent a short report when the thesis has been completed.

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The Experimental Model Of Intervention

Introduction

The model of intervention was developed in response to the nature of referred children of primary school age. The practice is firmly rooted in Attachment Theory which, founded as it is on the twin bases of security and attachment, is a highly appropriate framework for social work in this area.

The aim of the intervention is to enhance the quality of security within the child's personal environment and thereby create a situation in which the process of mourning can be initiated and sustained developmentally appropriately.

I define security as a sense of safety in the present and an expectation of a predictable environment in the future. It also implies an ability to rely realistically upon others when that security is threatened and to view the need to do so as a positive use of personal resources.

The optimum outcome of the intervention is that the child is able to pursue the process of mourning without that inhibiting other developmental goals or affecting their academic performance.

The Process of Mourning

Mourning can be described as a process whereby the mourner considers the relationship which has been lost and attempts to integrate the thoughts and emotions generated by that experience into their understanding of the world as it is without that person. It is also a process whereby the mourner contemplates what might have been and comes to some resolution of the tension between regret and hope. It is a process of discovery about oneself and the dead person, an exploration of that relationship. As all human relationships are essentially imperfect, mourning involves having to confront uncomfortable and painful aspects of the relationship which the mourner no longer has the opportunity to change or improve. This involves the adult in a series of monumental tasks, tasks which are even greater for the child.

The Experience of Living With Cancer

All experiences of change incorporate loss. Change demands that we adapt in order to accommodate the new state of affairs. Loss and change are inherent features of protracted illness both for the patient and all those upon whom it impinges. The diagnosis of a life-threatening illness is a major threat to the present security and expectations of the family's shared and individual futures.

Progressive illness imposes a sequence of adaptations from each person. The strain this imposes is especially great because the sequence is not predictable. The struggle of family life is to maintain some semblance of normality against a background of shifting uncertainty and intense emotions. Therefore, from the time of diagnosis onwards each family member is bereaved. They have lost the established pattern of family life, their notions of what is reliable in the present and have been robbed of their assumed future.

Typically the ill person is lost gradually and repeatedly: new symptoms, changes in medication and care regimes all create experiences of loss. The family experiences repeated demands upon its collective resources and there is often very little available to replenish them. So it is understandable that the family who enters into mourning following such an experience is diminished rather than strengthened and yet they have some of the hardest work still to do.

The Impact of Bereavement on the Child's Security at Home

Bereavement impacts our sense of security on all levels, taking away the assumed world and replacing it with a totally new order. In fact to use the term 'order' is misleading as there is often little perceptible order to this new regime. The struggle is to create some order and manageable control over the emotional and cognitive chaos that results from such a profound loss.

Families which may have stoically managed the illness state may, paradoxically, be more affected by the death than those who have got through it minute by minute, crisis by crisis. Perhaps it is more accurate to say that there is a greater contrast between the two states, and that the bereaved state is a truer reflection of their emotional life during the time of coping with the illness but that these feelings were suppressed in the interests of managing the daily stress of living with loss. Whatever the cause, children living in such families may be just as vulnerable to feelings of insecurity, because of the intensity and degree of change experienced following the death, as children living in families which have managed the situation in a less orderly way.

Similarly, a child who is a member of a close-knit family may be more vulnerable to such a state because the whole fabric of their family is torn apart by the loss of their parent. Resources which may have been available to them in the past are now diminished or inaccessible. For example, when a parent dies the child often feels that they are virtually orphaned: they lose one parent through death and the other to their grief. Although the experience of being 'orphaned' may be shared with siblings, it has been shown that siblings can not offer the quality of support that is needed, and neither should they, as they too are bereaved children.

The feeling of abandonment is heightened by the impact of the death upon extended family members. The grandmother who was perhaps a sympathetic friend and would listen to the child's woes and secrets, is now a bereaved parent and immersed in her own grief. Uncles and aunts have lost a sibling, or are living with a partner who is acutely bereaved. The whole family dynamic is altered and the child has to seek what comfort he needs wherever he can for a while.

Alongside the ripples of bereavement that spread through the family, the child is also vulnerable to anxiety through a combination of survival worries, loyalty to the surviving parent and the tendency in bereaved parents to under-report distress in their children.

Children who feel insecure will not want to further jeopardise their position by undermining the parent's ability to cope. Children are often encouraged by well-meaning adults to 'be good' for Mummy now that Dad is 'not here', and understand all too well the silencing message implicit within that request. Consequently, the bereaved child will suppress his tears or anger, and keep quiet about potentially upsetting issues with the surviving parent so they are not further distressed.

The grieving parent, who is often overwhelmed by feelings of despair and sadness, is understandably less sensitive to the child's needs at this time. As in school it is the quiet child, the one who is no trouble in class who is overlooked, so it is with the 'good' bereaved child. It is easy for the parent to believe that an apparently content child is just that.

From this brief outline of the immediate impact of bereavement upon the family it can be seen how vulnerable all children are to the negative effects of loss. There are several influential factors which can act against the child even in the most loving and caring families. For many children this is a temporary state, one which can be endured with 'good enough parenting'. However, those children for whom this is either a persistent or intolerable condition need positive intervention in order to pre-empt the inevitable deterioration in their sense of security. The pre-emptive element is important because once the deterioration starts it spreads rapidly to all areas of the child's life. Delaying intervention also has implications for the effectiveness of eventual therapeutic work.

The Impact of Bereavement on the Child at School

In order to be able to make the most of opportunities to learn, the young child needs to feel safe and cared for at school. Teachers are usually very concerned about the welfare

of a bereaved child in their class but are often hesitant about what is the best way to help. Their hesitancy typically stems from a fear that they may say or do something which may further upset the child, and so they opt to do little or nothing. A pattern of stilted behaviour develops between the hypersensitive teacher and the bereaved child: the teacher tries to avoid anything which remotely deals with issues of family, parents and death wherever reasonably possible, fearful of what these topics may trigger off in the child. Although this is a touching example of the teacher's attempts to protect and accommodate the child's assumed needs, it is counterproductive.

The bereaved child does not need overt stimuli to be reminded of their dead parent, those thoughts are never far from the surface. The child will usually welcome an opportunity to talk and think about their parent with someone they can trust, and the teacher's hypersensitivity and consequent hesitancy, only adds to their loss of normality. As the form teacher can be an invaluable resource to the child, it is vital that they are encouraged and supported to make their contribution to child's welfare.

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The Three Foci of Intervention: the Child, the Parent and the School

1]The Bereaved Child

Bereavement confronts young children with an experience which makes demands upon them often beyond their normal developmental capacity. The process of mourning is not one which can be started and completed within childhood. In relation to mourning, the child is handicapped by their emotional and intellectual immaturity and is therefore limited in what can be managed by their developmental capacity. They are also physically more vulnerable than adults, as they are dependent upon adults for their care. Consequently bereaved children are vulnerable in three critical areas of their lives, both at the time of the loss and in the years that follow.

Healthy development for children means that they learn about the world and themselves through exploration. The child becomes increasingly independent of their parents and so more and more comes to experience the world from their own perspective. This is, as we all know, an essential element in the maturational process. In order to be able to do this the child needs to have enough security and self-confidence to support them in taking chances with new experiences. Only by extending themselves will the child develop a maturing awareness of themselves and others around them.

Bereavement is an experience which contradicts the pattern of security, thereby threatening the exploratory drive which is intrinsic to personal development. Nothing is safe anymore, nothing can be taken for granted and, therefore, the child may view anything unknown as a threat rather than a challenge. If the child feels so insecure that they can no longer continue to explore the world, then they are understandably reluctant to explore the world of mourning with all the hazards contained there. Through play we can help children start that exploration process.

The Work of Play

Play is a natural medium for exploration and discovery for children. Adults continue to do it but consider it to be a process entitled 'Trial and Error', rather than play. It is one and the same except that the latter often does not involve as much fun as play should.

Play has different purposes according to its context. Within the context of our play with children we create a safer world than the one they are currently experiencing, and offer a relationship which encourages and welcomes their exploration of mourning. The child needs to consider painful memories and dark thoughts about both the dead parent and other significant people in their lives, but this is difficult when the old order has gone and the new order has not yet materialised.

We aim to encourage the child to contemplate what it is they need in order to feel more secure and who is available to them to provide that. It is a matter of assessing personal needs and available resources. This is something which may be an automatic process for adults but for young children it requires a degree of insight which is normally beyond them developmentally.

We aim to help the child identify emotions, learn to recognise them in different settings and know what it is they need in order to be able to manage them in those situations. We help them to express their feelings by providing a confidential, non-judgemental conversation with them. By knowing who is reliable and available to them, the child comes to appreciate that there are only certain people who can be entrusted with such sensitive issues and so their sense of security is enhanced because appropriate boundaries have been drawn around new and unknown territory. Knowledge is power and self-awareness is a special sort of knowledge that gives an inner strength.

2] The Bereaved Parent

As we have seen, by the time the ill parent has died the family is exhausted and yet there is still so much to do. The official wheels start to roll and there is an endless stream of forms and papers to fill in and sort out. The funeral has to be arranged and all the decisions and diplomacy that go with that family balancing act. At a time of overstretched resources the waves of demands keep flooding in. It is understandable that adults have great difficulty in considering the needs of children when they are so absorbed in the practical tasks and their own emotional needs.

In some exceptional families the children will be given as much consideration and attention as they need. These children will have a good experience of death. In most families compromises are made, some of which are regretted later when there is time to consider, at greater leisure, what might have been. All these changes and decisions consume the parent for the while, and then they are consumed by their grief.

Most parents need supporting through this taxing time, support that comes from a variety of sources. As time goes by their need persists but family and friends are less available, they are getting on with their own lives again, and the parent slips into another way of life alongside the everyday world.

If a child in that family starts to exhibit raised levels of anxiety it is then that the parent has the greatest need for professional support and the social worker has most to offer.

The Counselling Relationship

Parenting is a hard enough job when there are two parents who live in relative harmony, but it presents seemingly insuperable problems when all the responsibilities are borne by a lone parent. That person needs to have extra strengths and capacities just to manage the daily demands of the family. The experience of bereavement leaves us feeling diminished, not just by the lack of the dead person but in an inner sense: when someone dies they take part of us away with them. The responsibilities of parenting in these circumstances are weighty and burdensome. Our role is to be a concerned and knowledgeable person who supports the parent and enhances rather than undermines their parenting skills, while supporting them through their own mourning. This is achieved in three ways:

1) The parent is offered counselling sessions in which they are free to explore the feelings, thoughts and regrets which constitute mourning. This conversation is something special and intensely personal that nobody else can offer. The relationship is

not clinically managed in that the social worker is friendly and visits frequently, if not usually, at the parent's home. They are a welcome visitor.

2) The parent benefits from drawing on the experience and insight of the social worker, which combine to make them a stronger, wiser person at a time when that is exactly what is needed. These attributes are used in the personal counselling and in relation to the needs of the children. The child who is engaged in the playwork is seen as benefitting from the care of the parent. The referral is defined as a loving act of recognition of the child's needs which can not be met by the parent at present, but that they will be able, with the social worker's support, to resume this aspect of parenting by the time the play sessions conclude.

In this way the social worker promotes the view that they are a temporary extension of the parent. This is openly acknowledged at the beginning and throughout the time of intervention.

3) The parent may be able to manage most of the practical daily household tasks but it is often the case that attempting new or different tasks is much more difficult now. The social worker needs to consolidate the caring environment for the child by allying the parent with the teacher. This alliance benefits from the social worker's involvement for two reasons. First, so that an appropriate structure to the relationship can be established at the outset, and second, so that the teacher is able to have the relevant information about bereaved children in order to be able to respond sensitively to the child.

This combination of facilitator and partner is the most helpful and productive balance. The counselling relationship enhances the parent's self-image and maximises their potential at a time of reduced capacity and increased vulnerability.

3] The School

The teacher receives a pack of information about children and their experience of loss which you might like to read to supplement this section. Some of it is reproduced here. The teacher's information covers more developmental material than is included in this section.

The emphasis of the teacher's information is on the special nature of loss through death and the particular needs the young bereaved child has in school in order to feel safe and maintain their academic career. There is great emphasis laid upon the role of the teacher, or other sympathetic adult, in providing a confidential friendship within the

boundaries of school and the influence this can have on the child's ability to establish and sustain mourning.

The Teacher

The teacher is encouraged to see themselves partly as an extension of the parent in that they form a partnership in the interests of the child's welfare during a vulnerable time. The teacher can be both specialist and friend to the parent and the child, assisting the parent to gain in self-esteem and the child to feel more secure away from home.

Once put into operation and supported in the appropriate ways, these factors have a cyclically reinforcing effect both now and in the future.

The principle that applies here is that of creating a special relationship of trust for the child at school. The bereaved child experiences an enforced separation from the security of home every day that they attend school. The feelings generated by this experience echo those generated by the separation inherent within bereavement, and yet the experience is unavoidable. School is a structured environment with a predictable pattern to each day and it is the ideal setting within which to help the child explore ways in which they can understand their feelings of insecurity and engage those resources necessary for them to manage that situation constructively.

To assist greater sensitivity in the teacher, they are provided with some general information about the pattern of childhood mourning and the ways in which it differs to adult mourning. This highlights the need to accommodate the bereaved child's needs in specific ways.

The Role of the Teacher

The child is primed to have faith in her form teacher. Primary school teachers are typically revered by young children. Viewed from the child's perspective, their teacher is the person who can do the hardest sums, joined-up writing and read the most exciting stories. They also have absolute authority within the classroom and can stop minor naughtiness with a look and exert control over the seriously naughty children in the class with a well-phrased warning or, if necessary, punishment. The child is primed to respect their teacher for their skills and authority.

The class teacher is also the person who, on a daily basis, has the greatest amount of contact with the child. They are the person who is physically most available to the child. The critical element is whether the teacher feels able to be emotionally available to the child, and it should never be assumed that this is, or should be the case.

Who is the Best Person in the School?

There are many teachers who care about the personal welfare of the children in their class and would willingly reach out to help them when they are distressed. It is relatively easy to give a cuddle to an upset child or say a kind word to them. However, it is a very different matter to offer the kind of friendship a bereaved child needs. It is not something which every teacher can do and, if it makes a teacher feel uncomfortable, it is not something which they ought to do.

When we lose someone important through death, the issues which are generated by that experience are never far from the surface of our emotional lives. We may think that we are no longer vulnerable to distress in the way we were immediately after the death, yet other people's expression of their feelings of abandonment, hurt and sadness can easily trigger our own feelings. These emotions do not usually persist in the same way as before, but they are often experienced with a similar intensity.

When we have been bereaved we are always sensitive to the experience of loss, and rightly so. If you feel it is not appropriate for the child's teacher, then it is important that the child is offered some other adult who is similarly available within school time. It may be that one of the child's past teachers, someone with whom they had a warm relationship, may be willing to do it, or a sensitive dinner nanny or kindly secretary. The important element here is that, from their knowledge of the child, the teacher would feel confident that, if an offer of an understanding friendship were made by this person, it would be welcomed.

The Friendship

There are many sorts of friendship but this particular adult-child relationship does not fit readily into any previous category. If it is the child's teacher who is going to take on this role then it has to be within the boundaries of the classroom. The teacher-pupil relationship and the authority and discipline of the classroom must have priority. Unless those are maintained then the teacher's role is too compromised and the child loses the safe limits of the classroom environment.

Teachers have found that it is possible to offer to be available at a particular time of the school day and in a certain place. The following example serves to illustrate the point.

Carol's father died when she was eight. She had great difficulty going to school so her teacher arranged to be in the classroom, at the beginning of each day, with some minor jobs for her to do. This eased Carol into school and gave her some quiet time with her

teacher every day. She could talk to her teacher about important or trivial matters if she wanted to, or just potter about putting books out or tidying shelves. It was her choice.

Other teachers have found that to offer time at the end of the morning or school day, is preferred by other children. The principle is the same, whatever the time or place. The child is being given something which, by being contained within school time, emphasises the teacher's awareness of their vulnerability at school. It also provides the child with a degree of control over how and when this offer is taken up by them. The open door policy gives flexibility to the child, combined with a clear message from the teacher of genuine concern. The social worker needs to clarify what is going to be offered to the child, by whom and with what frequency.

For some children this offer of friendship and their awareness of the parent-teacher conversation, is often all they need to help them feel less isolated, better understood and more secure.

The Listening Friend

The teacher is made aware of the following points about this relationship because it is so different to others. It is not a relationship which continues out of school, neither is it one of mutual sharing. The following points may be of some assistance in anticipating what the child may need from this friendship and helpful ways in which these needs can be met.

The child's special friend at school will need to:

1) Listen to what the child wants to talk about. It may be directly to do with their bereavement or not. They may need to take their time before they can approach certain bereavement related issues, because they are too sensitive or important to be said easily.

2) The child may describe seemingly incredible events. Although you may find them difficult to believe, don't deny their validity. The child may be testing you and it's important that you are shown to be accepting of them, no matter what they say.

3) Children often express intense emotions of anger, hatred, despair or loneliness. If they express extreme feelings don't feel that you have to do anything about them. Being able to talk about emotions is a great asset for the child, and take it as a compliment to you. For a child to feel able to say such things is an act of faith in your trustworthiness.

4) Children commonly have distorted ideas about events surrounding death, and their meanings. If they tell you some thought they have which indicates that they have misunderstood the meaning of something, or are confused about what actually happened, then explore their thinking with them.

You may feel that this is something which it would be helpful to explore further, together with their parent, and suggest this to the child. If the child resists this suggestion, then try to find out, as discreetly as possible, the nature of events surrounding this issue, as understood by the parent.

It is important that the confidentiality of your conversation with the child is not breached, but clarity, through understanding the true significance of events, will help to reduce confusion and anxiety in the child's mind.

5) Listening to someone else's distress is not an easy task. It is important that you are well supported and have someone you can go to when you need to think about what this experience means to you. Unless you look after yourself, you will find it difficult to look after the child.

The teacher is also offered some suggestions of reading material which they might find informative and supportive in this new role.

Summary of the Model of Intervention

It is proposed that the bereaved child's quality of security is profoundly undermined by the experience of bereavement. Some children will be able to manage this experience without it impairing their development or inhibiting them in other aspects of their lives. Other children will be more vulnerable to the distress loss generates and this will be exhibited in one or more of a number of behaviours.

By addressing our practice to analysing and enhancing those elements within their personal environment which influence the quality of security, the child will not only be able to resume their developmental trajectory, but will also be able to initiate and sustain healthy mourning.

Bereaved parents may need some temporary assistance to enable the more anxious child during this period of transition. In which case the social worker actively develops a relationship with the child which encourages them to recognise what they need to feel secure and how to gain access to those resources which will provide that security.

The parent may benefit from personal counselling as well as receiving help to gain insight into ways in which they can best help their vulnerable child. They are helped to form a partnership with the school which is mutually supportive and benefits the teacher, parent and the child at a time when they may each feel vulnerable in different ways.

The teacher is supported through information and professional advice from the social worker. They are also engaged in a partnership with the parent which encourages a free-flowing, informal conversation about the daily welfare of the child, thereby monitoring significant changes and responding to them more sensitively and consistently than would otherwise be the case.

Through the development of such a supportive environment around the child and by helping the child to develop a greater self-awareness, the social worker becomes less important to the maintenance of this system. By the time it is well established, the social worker can gradually withdraw, leaving the secure environment strengthened and intact.

Experimental Group Research Information for Teachers

Introduction

Children who are bereaved of a parent are known to be especially vulnerable to developmental disturbance, not only at the time of the death but for many years after the event. We all want to help them manage this difficult situation but sometimes it is hard to know what to do for the best. Parents are often so immersed in their own grief that it is hard for them to get through each day. They too need all the support they can get to help them manage this very difficult time.

Teachers play a very important part in all children's lives as educators, role models and friends, and can possibly make a special contribution to the welfare of the bereaved child and their family. It is with this in mind that a research programme has been established to explore those elements of the bereaved child's world which can help them combat the negative effects of bereavement and maintain healthy development.

The Research Study

One of the main aims of this research programme is to discover what elements within the child's environment are most influential to the establishment of mourning. Healthy development for the bereaved child depends upon their ability to mourn the loss of their parent. Previous research has shown that this process can not be initiated unless the child has a secure emotional foundation.

This study is part of a doctoral research degree undertaken by Peta Hemmings and funded by Barnardos. Peta is a Senior Practitioner with Barnardos and specialises in working with seriously ill parents and young bereaved children. The research is based at York University, within the Department of Social Policy and Social Work.

As part of the research you will be asked, on two occasions to complete three measures. You will also be asked to consider the possibility of someone in the school offering the child in your class some special support during this time. It may be that you feel you would be prepared to do this, or that there is someone else who is equally available within school to whom the child could go for this sort of help. It is better if it is just one person so that the child develops an understanding and rapport with that person. Having one person for the child also helps to create a more effective and consistent channel of communication between the school and the parent about how the child is in school. This is explained in greater detail in the information sheets attached.

All the information collected from teachers, parents and children will be treated in total confidence and is being collected with the permission and encouragement of the participating families. The data will be analysed and produced in the thesis in a way which guarantees absolute anonymity and confidentiality for everyone concerned.

If you are interested in the outcome of the research findings a short report, covering the salient points, can be sent to you at your request, at the end of the study. If you wish to have any more details at present about the research, please ask the hospice social worker, or contact Peta Hemmings at: Barnardo's Orchard Project, Orchard House, Fenwick Terrace, Jesmond, Newcastle-upon-Tyne NE2 2JQ.

Thank you for supporting our combined efforts to help all similarly bereaved children.

Peta Hemmings.

[Hospice Social Worker's signature]

Experimental Group Research Instruments

Introduction

There are a cluster of instruments which are used to measure various qualities within the family and school. These will be applied at the very beginning of the work and at the end, so that we can develop a comparative picture of any changes.

There is a measure, the game All About Me, which is used solely during the middle period between the child, parent and yourself. This can subsequently feature during free play times with the child, or be used in sessions with the parent if they would like that. The only condition is that it is not used before that middle session.

There is also a series of measures contained within the playbook which allow us to monitor the child's emotional and cognitive states progressively. The data gleaned from this measure is critical as it is central to our understanding of the process for the child.

Although I have used the title 'teacher' to refer to the child's trusted person in school, it may well be another person and this is just used as a convenient way of nominating that person until it is established who that actually will be.

* * * * *

The Initial Stage Instruments

When carrying out the following tests please emphasise to each person that there are no right, wrong or preferred answers. Their opinion at this time is what is valued above everything else. They should be encouraged to use the scales to describe the child as they understand them to be currently.

The Parent's Instruments

1) The parent will be asked to read the letter from me describing the purpose of the research. Allow them the opportunity to consider whether they want to be involved and what that means for them. It is important that parents do not drop out of the programme, so a degree of commitment is necessary at this point.

2) Once they have had the opportunity to consider whether they want to be involved and what that means for them, and have agreed to do so, give them the RUTTER A scale and ask them to complete it. Make sure they respond to every statement and add any comments they want to in the space at the end.

- 3) Next give them a copy of the CHILD'S BEHAVIOURS LIST and ask them to complete that.
- 4) Both of these should take only a matter of fifteen or twenty minutes at the most.
- 5) Do not let the parent to revise any of their answers once they have completed a scale. Explain that to do so would influence the data.
- 6) Explain to the parent that the teacher will need to complete similar instruments and ask their permission to contact the teacher to engage the school in the research. Explain the way in which this will be done and ensure that the parent is in accord with your plans.

The Teacher's Instruments

- 1) The teacher needs to be given the single information sheet which describes the research.
- 2) Once they have agreed to participate give them the RUTTER B scale and allow them time to fill that in. Encourage them to add any comments they wish at this point.
- 3) Once this has been completed, hand them a copy of the CHILD BEHAVIOURS LIST and ask them to complete that.
- 4) Once this has been completed, give them the BRISTOL SOCIAL ADJUSTMENT GUIDE and allow them time to complete that.
- 5) These three items should take approximately twenty minutes to complete.
- 6) Do not allow the teacher to revise any of their responses once they have completed a scale. Explain that to do so would influence the data.
- 7) Explain to the teacher the model of intervention which is being analysed and tested by the research and describe their role to them more fully.
- 8) Give the teacher a copy of the BEREAVED CHILD IN SCHOOL for them to read at their leisure.
- 9) Arrange the initial meeting between the parent, teacher, head-teacher [if possible/desired] and yourself, for either later that week or the following week.

10) Complete the TEACHER'S PROFILE form with as much detail as possible. Any information that is missing can be collected at the following meeting.

The Middle Stage Instrument

All About Me and its use are described in the Playwork Book : The User's Guide.

The Final Stage Instruments

The Parent's Instruments

- 1) Give them the RUTTER A scale and ask them to complete it. Make sure they respond to every statement and add any comments they want to in the space at the end.
- 2) Next give them a copy of the CHILD'S BEHAVIOURS LIST and ask them to complete it.
- 3) Both of these should take only a matter of fifteen or twenty minutes at the most.
- 4) Do not let the parent to revise any of their answers once they have completed a scale. Explain that to do so would influence the data.
- 5) Remind the parent that the teacher will need to complete similar instruments.
- 6) Remind the parent that they can be sent a short report on the outcomes of the research once the thesis has been completed.

The Teacher's Instruments

- 1) Give the teacher the RUTTER B scale and allow them time to fill that in. Encourage them to add any comments they wish at this point.
- 2) Once this has been completed, hand them a copy of the CHILD BEHAVIOURS LIST and ask them to complete that.
- 3) Once this has been completed, give them the BRISTOL SOCIAL ADJUSTMENT GUIDE and allow them time to complete that.
- 4) These three items should take approximately twenty minutes to complete.
- 5) Do not allow the teacher to revise any of their responses once they have completed a scale. Explain that to do so would influence the data.

6) Thank the teacher for their co-operation in the research and ask them how it has felt for them to be as involved with the child as they have.

7) Remind them that if they want to know the outcomes of the research, they can be sent a short report when the thesis has been completed.

* * * * *

Creating the Secure Environment

Introduction

There are certain ways of approaching the play work with the child which can serve to enhance security without those qualities detracting from the spontaneity and flexibility of the content of the sessions. It is only when the boundaries of a situation are known that the content can be spontaneous. Boundaries limit the risk of excess, of threat through anarchy. There are several constructive boundaries contained within the play contract in the book, but the following points cover aspects of presentation.

The Setting

For the purposes of the research it is preferred that the play should take place in the same setting each time, this reduces the level of adjustment necessary for a comfortable and relaxed atmosphere to be established. The smaller the number of variables to be accommodated the better as this assists a more accurate assessment of the child's real responses.

The Nature of Interaction

Adults have so much power within children's lives and determine so much of what children do and how they do it, that this is an opportunity for the child to exercise some executive control over the nature of interaction in this setting.

- 1) Personal Distance: allow the child to define what is a comfortable distance between you when engaged in any exercise. Do not assume that because they sat close to you when you read to them that this degree of closeness is equally wanted and acceptable during other exercises.
- 2) Eye Contact: the book determines that you will need to be beside the child for much of the time. This configuration allows the child to determine the length and frequency of eye contact.
- 3) Physical Contact: the side-by-side patterning allows the child to determine the degree of actual contact between the two of you. It is not suggested that you inhibit yourself and, if it is your natural inclination at some point to touch the child on the arm or to look them full in the face, then it would be ridiculous not to do so. However, it is advised that you take your lead from the child.

There will be occasions when you can make yourself available to the child in such a way that it is easy for them to sit and remain close to you. As the time goes by it will become clear what is the child's comfortable distance, and that will become yours too.

The Time

It is preferred that each session takes place at the same time each time. Children are aware of certain things happening at certain times by cues around them. The child will come to associate your times together with particular aspects of their day and will be able to anticipate seeing you. In this way they start the work of the session before you actually meet.

The nature of the work is such that it is emotionally and physically tiring for both of you. The child may become visibly or covertly distressed and, ideally, should never be returned to school at the end of a session but should be returned home. Therefore it is advised that the sessions are timetabled for the afternoon, after the child has had lunch.

Recording

Timetabling a session for early afternoon means that it is possibly a long day for you. By the time I have taken the child home and tidied up the play room, all I want to do is sit down with a cup of tea, but it is important to make some notes about key events or parts of the conversation rather than let them slip from your memory.

The recording sheets are designed to act as prompts to aspects of the sessional work for each session. They are numbered accordingly. If you can not complete full recording of the session immediately afterwards, then a happy compromise is to make some short notes which can be expanded upon later.

Presentation

Children come to expect us to present a certain image in the way we dress, sound and behave. It is important to present a consistent image in terms of clothing and manner so that the child comes to count on you to be a certain way whenever they are with you. It is against this consistent background that they can experiment with new ways of being with you.

Summary

The secure play environment is created by predictability in the setting, regular timing of sessions, aspects of the content being consistent and the presentation of a consistent self-image.

The child will come to rely on these elements within your contact together and the consistency will enable them to come to trust the sincerity of your concern for them and help them to use this special relationship to its fullest potential.

TEACHER'S PROFILE

NAME.....

AGE..... YEARS SPENT TEACHING.....

WILLINGNESS TO ARRANGE MEETING :Resistant: Amenable: Willing : Keen:Enthusiastic.

ATTITUDE DURING MEETING : Hostile: Passive: Receptive: Interested: Concerned.

RESPONSE TO PROPOSED WORK: Dismissive: Resistant: Uncertain: Willing: Confident.

PREVIOUS EXPERIENCE OF BEREAVEMENT: (Personal, pupil, other).

PREVIOUS OTHER LOSSES: (Personal, professional).

KNOWN IMPENDING LOSSES: (Personal, professional, other).

GENERAL IMPRESSIONS: (Demeanour: atmosphere of the conversation: sensitivity to the issues raised: willingness to accept the child's perspective and consequent needs: use of language, particularly prescriptive or judgemental words/phrases: spontaneity of thought, appropriate suggestions about other ways of supporting the child etc.).

HEAD TEACHER'S PROFILE

NAME.....

AGE..... YEARS IN PROFESSION.....

WILLINGNESS TO ARRANGE MEETING:Resistant: Amenable: Willing : Keen :Enthusiastic.

ATTITUDE DURING MEETING:Hostile: Passive: Receptive: Interested: Concerned.

RESPONSE TO PROPOSED WORK: Dismissive: Resistant: Uncertain: Willing: Confident.

PREVIOUS EXPERIENCE OF BEREAVEMENT: (Personal, pupil, other).

PREVIOUS OTHER LOSSES: (Personal, professional).

KNOWN IMPENDING LOSSES: (Personal, professional, other).

GENERAL IMPRESSIONS: (Demeanour: atmosphere of the conversation: sensitivity to the issues raised: willingness to accept the child's perspective and consequent needs: use of language, particularly prescriptive or judgemental words/phrases: spontaneity of thought, appropriate suggestions about other ways of supporting the child etc.).

RECORD SHEET: COUNSELLING SESSION NUMBER ONE

NAME OF PARENT.....DATE.....

NAME OF SOCIAL WORKER.....

TIME BEGAN..... TIME ENDED

INTRODUCTORY PHASE.

1 How did you approach this session? Had you known this family before, and, if so, in what circumstances?

1 How did the parent respond to being involved in the research? Were they interested, unsure, enthusiastic? How did they express their reaction?

1 How did the parent respond to the research instruments? Did they initiate any conversation or stimulate any comments about the child?

1 What were the main concerns expressed by the parent? Which ones were thought to be more important and why?

1 How wide ranging was the conversation? Did it focus largely on one area or move from subject to subject? What was the depth of exploration of the issues raised?

1 What was the pattern of mood during this session?

1 What are your aims for the next session?

RECORD SHEET: COUNSELLING SESSION NUMBER TWO

NAME OF PARENT.....DATE.....

NAME OF SOCIAL WORKER.....

TIME BEGAN.....TIME ENDED

INTRODUCTORY PHASE.

2 How did you approach this session? What thoughts did you have about how the conversation might develop?

2 What were the main concerns expressed by the parent? Which ones were thought to be more important and why?

2 How wide ranging was the conversation? Did it focus largely on one area or move from subject to subject? What was the depth of exploration of the issues raised?

2 What was the pattern of mood during this session?

2 What are your aims for the next session?

2 Any other comments.

RECORD SHEET: COUNSELLING SESSIONS THREE and FOUR
Same as for Session 2

RECORD SHEET: COUNSELLING SESSION NUMBER FIVE.

NAME OF PARENT.....DATE.....

NAME OF SOCIAL WORKER.....

TIME BEGAN.....TIME ENDED

INTRODUCTORY PHASE.

5 How did you approach this session? What thoughts did you have about how the conversation might develop?

5 What were the main concerns expressed by the parent? Which ones were thought to be more important and why?

5 How wide ranging was the conversation? Did it focus largely on one area or move from subject to subject? What was the depth of exploration of the issues raised?

5 What was the pattern of mood during this session?

5 How did the parent view the next session as it will be your last one in this series?

5 What are your aims for the next session?

5 Any other comments.

RECORD SHEET: COUNSELLING SESSION NUMBER SIX.

NAME OF PARENT.....DATE.....

NAME OF SOCIAL
WORKER.....

TIME BEGAN.....TIME ENDED

INTRODUCTORY PHASE.

6 How did you approach this session? What thoughts did you have about how the conversation might develop?

6 How did the parent respond to completing the research instruments? Did they stimulate any comments or comparisons in terms of change in the child or other members of the family?

6 What were the main concerns expressed by the parent? Which ones were thought to be more important and why?

6 How wide ranging was the conversation? Did it focus largely on one area or move from subject to subject? What was the depth of exploration of the issues raised?

6 What was the pattern of mood during this session?

6 How did the parent view the future without this regular contact?

6 What arrangements for future contact did you decide were appropriate? Who suggested these or was it obvious or implicit?

6 How do you feel about coming to the end of this phase of the relationship?

6 Any other comments.

RECORDING SHEET: THE FIRST PLAY SESSION.

CHILD'S NAME.....AGE.....

DATE OF SESSION.....

TIME SESSION BEGAN.....TIME SESSION ENDED.....

SETTING: describe the room and where it is sited/ the child's response to the room/ how it feels for you on this first encounter/ how the child manages the interaction and what you need to do to ease things along/ at what point the child had their refreshments.

PLAYWORK BOOK: describe

(i) How the child responds to the cover. Do they enjoy the humour and the opportunity to add to it? Are they surprised, pleased, disinterested etc?

(ii) How do they respond to the play contract? Do they understand each point and do they have any comments about any of them?

(iii) How willing are they to engage with the questionnaire and drawings? Do they have difficulty with any of the statements or choices of response?

(iv) With what degree of ease do they complete the exercises?

QUALITY OF INTERACTION: comment on how the child communicates with you/ how physically close they are to you during the session/ the spontaneity of their conversation/ any activity or topic initiated by the child/ how comfortable you feel working in this way.

ANY OTHER OBSERVATIONS OR COMMENTS.

RECORDING SHEET: THE SECOND PLAY SESSION.

CHILD'S
NAME.....AGE.....

DATE OF
SESSION.....

TIME SESSION BEGAN.....TIME SESSION ENDED

SETTING: describe the room and where it is sited/ the child's response to the room/
how it feels for you on this second session/ how the child manages the interaction and
what you need to do to ease things along/ at what point the child had their refreshments.

PLAYWORK BOOK: describe

(i) How the child responds to the concept of death questionnaire: the difference between
the tree and the cat.

(ii) How they respond to the affect recognition exercise.

(iii) How willing are they to engage with the personal aspects of the following
exercise?

(iv) The degree of ease with which they complete the separate exercises.

(v) The interest and responses to the story/ how close they sat/ whether they
welcomed a hug etc.

RECORDING SHEET: THE THIRD PLAY SESSION.

CHILD'S NAME.....AGE.....

DATE OF SESSION.....

TIME SESSION BEGAN.....TIME SESSION ENDED.....

SETTING: describe the room and where it is sited/ the child's response to the room/ how it feels for you on this third session/ how the child manages the interaction and what you need to do to ease things along/ at what point the child had their refreshments.

PLAYWORK BOOK: describe

(i) How the child responds to the TRUST CIRCLES exercise. What degree of difficulty did they have in placing the different people in their places? Were there any particularly difficult ones? Did the child make any comments about specific people which you found illuminating?

(ii) How did they respond to the drawings in the SAFE PLACES exercise? Was it a hard decision to think of a safe place of their own? Were they interested in your experience of needing safety?

(iii) How willing are they to engage with the personal aspects of the exercises on Pages 18-19? Was help needed at any point to complete either section of these two pages?

(iv) How willing are they to engage with the personal aspects of the exercises on Pages 20-21? Was help needed at any point to complete either section of these two pages? Was this or the former exercise the harder of the two?

Any other observations or comments

RECORDING SHEET: THE FIFTH PLAY SESSION.

CHILD'S NAME.....AGE.....

DATE OF SESSION.....

TIME SESSION BEGAN.....TIME SESSION ENDED

SETTING: describe the room and where it is sited/ the child's response to the room/ how it feels for you on this fifth session/ how the child manages the interaction and what you need to do to ease things along/ at what point the child had their refreshments.

PLAYWORK BOOK: describe

(i) Has the child exercised any choice over the selection of the photograph.? What was the nature and content of the conversation with their parent as they were looking through the album?

(ii) Did they make any discoveries about anyone in their family, something they did not know before?

(iii) Did they feel distressed at any point and, if so, what was the subject matter of that photograph?

(iv) How easily did they draw the self-portrait? How much attention was paid to the smaller details and were there any difficulties through being constrained by the size of the frame?

(v) How old is the child in the third portrait? Why did they choose that age? Who else do they know who is that age? How old is the oldest person they know?

(vi) Did the images on Page 23 spark off any memories of previous sessions? Did the child voice any recognition of the images and their associated conversations?

(vii) What free play did the child choose and how was that time used by them with you?

RECORDING SHEET: THE SIXTH PLAY SESSION.

CHILD'S NAME.....AGE.....

DATE OF SESSION.....

TIME SESSION BEGAN.....TIME SESSION ENDED

SETTING: describe the room and where it is sited/ the child's response to the room/ how it feels for you on this sixth and final session/ how the child manages the interaction and what you need to do to ease things along/ at what point the child had their refreshments.

PLAYWORK BOOK: describe

(i) Whether the child remembered the previous scale and, if so, how interested were they to return to those pages and review their answers then? Did they try to recall those responses when completing it this time? How 'successful' were they in doing that?

(ii) What has been drawn by the child in the globe? What did the child describe as the elements in the drawing and what is the significance of each of those?

(iii) What interpretation do you make of the separate and combined images included in the drawing?

(iv) What was the emotional response in the child to your letter? What was said by them to you and vice versa by way of reconciling the change in the relationship?

(v) How did you feel about this part of the session?

Any other observations or comments

Section 1d

Aims And Methods Of Data Collection

Introduction

To summarise the argument so far, it has been argued [see Chapters 2 & 3] that the secure individual is defined by the qualities of personal security, competence and sociability. These are manifested and measurable in a child's social behaviours and academic performance. It has been argued that the secure parent-child attachment is characterised by parental sensitivity to the developing needs of the child and that the presence and quality of these elements are manifested in the fluency and spontaneity of the interaction and conversation between the two.

I have argued [see Chapter 5] that, given a secure and sensitive environment, children can mourn. A model of mourning was developed which defined mourning as a process of constructing an adjusted attachment to the deceased. The attachment is formed through an internal conversation between the mourner and the deceased and an external conversation between him and trusted, significant others. It is this conversation which is the foundation of mourning and is the vehicle whereby the child initiates and maintains the mourning process. These concepts underpin the research study and direct the analysis of the data.

The analysis is based upon qualitative and quantitative data collected by the control group social workers from the parent and teacher, and in the experimental group from these two sources and the referred child.

The study also gleaned qualitative data about the social worker from the manner in which she conducted all aspects of the intervention and research procedures. This data was largely retrieved from the records, supplemented where appropriate with contacts between the researcher and the social workers.

In this section I discuss the rationale behind the data collection and analysis. I examine the reasoning behind the selection of the instruments, the adaptations which were made in order to establish complementarity between them and the way they were scored. I outline and discuss the elements within the qualitative analysis. Finally I examine the role of the social worker and outline the elements in her practice upon which I concentrated.

The Rationale of the Data Collection

Aims

The aims of the data collection were :

- i] To compare the effectiveness of two models of intervention with bereaved children.
- ii] To collect a detailed and uniform body of information about a particular client group in order to conduct a comparative analysis of the influential factors within the process of the interventions.
- iii] To compare adult and child definitions of the presenting problems.
- iv] To develop a method of evaluating identified factors within the child's personal environment.
- v] To assess the possible associations between these factors with regard to their influence on the child's ability to engage with mourning.

Methods of Data Collection.

The data was collected and presented in various forms.

Both the control and experimental groups used the following four procedures.

- [i] Qualitative data were collected from the parent-figure during the initial stages of the intervention and collated within the Family Profile.

- [ii] Qualitative data were collected from each counselling session with the parent-figure and presented in the standardised recording formats.
- [iii] Two standardised instruments, Rutter A(2) and The Child Behaviours List: Parent [see appendices Rutter (A)2 and CBLP] were used with the parent-figure during the first and last sessions.
- [iv] Three standardised instruments were completed by the teachers [Rutter B(2), The Bristol Social Adjustment Guide and The Child Behaviours List: Teacher [see appendices Rutter (B)2, BSAG & CBLT]] at the beginning and again at the end of the intervention.

The categories designated within the scoring methods for three of the instruments [Rutter A(2), Rutter B(2) and the Bristol Social-Adjustment Guide] were adapted to achieve compatibility with the evaluative criteria of this study. [See later section entitled Clustering of Factors within the Instruments].

In the experimental group additional data was collected from the sessions with the child in the following forms.

- [i] Quantitative data in the form of a child self-report questionnaire were collected during the initial session with the child from his playwork book [see appendix My All About Me Book : Pages 2-6] and in the last session [see appendix My All About Me Book : Pages 24- 26].
- [ii] Qualitative data were collected directly from the child within the playwork book.
- [iii] Qualitative data were collected from each session with the child from the social worker. This was presented in the standardised format of the recording sheets.

[iv] Qualitative data were collected through transcripts of the audio-tapes of the fourth play session.

Two parents generously provided copies of journals they had kept during the illness and intervention periods which they wanted me to read and use within the research. One sent me a copy of his dead wife's journal which she kept from the time of diagnosis to the terminal stage.

Although the data was in various forms, the measures were either selected or designed [see Appendix 1, section c] with particular factors already identified for analysis and with a view to allowing other factors to emerge, hence the combination of qualitative and quantitative instruments.

Independent Assessors

Senior social work colleagues who were specialists in this field were asked to act as independent assessors. They were allocated two cases each and asked to assess and award overall scores to the parents by the identified factors. They were interviewed six to eight weeks after being given the cases and, during the interview they were also asked to comment upon the practice of the research social workers. In cases where there was a contested view, the differences were discussed. This data was incorporated within the body of the analysis.

The Purposes of the Instruments

The data was collected in two ways: qualitative data was collected by means of the Family Profile and sessional records, and quantitative data was collected by means of a combination of instruments. The instruments were selected for the following reasons.

The primary and explicit purpose was to collect data. The secondary or implicit purpose was to initiate and promote a more sensitive awareness in the subject to the child's experience of bereavement and expression of his mourning. The instruments were selected for their abilities to fulfil both functions, for their compatibility with

the principles of the secure individual and secure attachment, as outlined above, and for their abilities to match and complement each other within those criteria. The first three points have already been fully examined but the last two points concerning matching and complementarity require some further clarification.

Clustering Of Factors Within The Instruments

The factors to be analysed existed in the various instruments in different forms or within differently termed subsections. The first task in the selection process was to assess for the presence of the prescribed factors. This having been achieved, the second task was to redefine those factors in terms of the prescribed categories of security, competence, sociability and mourning. It was important that this process did not distort the balance or challenge the integrity of the instruments, for to do so would have reduced their value within the analysis. However, I was aware of the possible need to make some minor adjustments in order to achieve complementarity [see appendix Clustering of Factors Within The Instruments].

The Rutter scales

There were only minor changes made to the clustering of factors in the parent scale [Rutter A(2)] and there was precedence for this, as exemplified in the Newcastle evaluation of the Rutter scales [Macmillan 1980]. The scores would be totalled as well as evaluated by subsections, therefore only the subsection ratings would be affected by the adaptations.

Seven of the eight items that made up the Health Problems section remained together in the Personal Security section, with the exception of Item F [Has temper tantrums].

This was felt to be more appropriate as an indicator of the quality of conversation and was placed in the Open Emotional Communication [OEC] section.

The five items in the Habits category did not readily fit into any one of the prescribed categories of the analysis. This did not present a significant problem because they were

easily assimilated in the following manner:

- Security: [iv] Is there any eating difficulty?
- Competence: [i] Does he/she stammer or stutter?
- [ii] Is there any difficulty with speech other than stammering or stuttering?
- Sociability: [iii] Does he/she steal things?
- OEC: [v] Is there any sleeping difficulty?

The remaining items for the Rutter A(2) were scored in the designated manner.

In the Rutter B(2) item 7 [Often worried, worries about many things] and item 23 [Has had tears on arrival at school or has refused to come into the building since the bereavement] were allocated to the security factor. Item 17 [Tends to be fearful or afraid of new things or situations] was included in the competence factor and item 10 [Often appears miserable, unhappy, tearful or distressed] within OEC. All the conduct disorder items were included within the sociability factor.

The Bristol Social-Adjustment Guide.

The Bristol Social-Adjustment Guide [[BSAG] was specifically designed to measure the maladjustment of children in the school setting. It relies upon teacher observation of the named child and consequently draws data from an empirical base.

There are five groups of social behaviour which are termed the Core Syndromes which combine to provide a general picture of the child's social competence and thereby draw inferences about his/her inner states. The five Core Syndromes are unforthcomingness, withdrawal, depression, in consequence and hostility. The definitions laid out in the BSAG Manual [Stott 1976] allowed them to be allocated in the following manner.

Unforthcomingness is described as a handicap of temperament which results in:

'...a deficiency of effectiveness-motivation (or self-assertion) resulting in a failure to master apprehensiveness about facing new situations or tasks.'

p.11. BSAG Manual

It is characterised by a lack of initiative and problem-solving strategies when faced with ‘...strange and complex tasks rather than affectional bonds.’.

This definition makes the unforthcomingness compatible with my competence factor.

Withdrawal is described as those states which are characterised by a defensive resistance or an unwillingness to communicate thoughts or emotional states and is equated with the factor of Open Emotional Communication within the research criteria.

Depression is described as a state of inertia characterised by:

‘...a lack of response to stimuli to which children usually respond, without apprehensiveness or social withdrawal.... It is seen by the teacher as lethargy, lack of energy or even “laziness”.’

p.11. BSAG Manual

As such it does not fit neatly into any of the categories I have defined but bridges the emotional component of OEC and the spontaneity and self-confidence elements within competence and will be used in a supplementary descriptive capacity for both.

Inconsequence consists of a cluster of features which result in:

‘.. a failure to inhibit the first response-impulses which come to a child’s mind.’

p.11. BSAG Manual

The child fails to learn from negative outcomes and causes rejection by peers and displacement of the effects of that rejection into mischievous behaviours or anti-social, hostile attitudes. This factor equates strongly with the criteria for my sociability factor.

Hostility is the factor which describes an aspect of attachment security. It consists of behaviours associated with the formation or avoidance of affectional relationships. These behaviours may present as sullen unresponsiveness to friendly overtures or overtly provocative behaviours which are intended to ‘..arouse anger and rejection’.

The BSAG does not seek to measure the frequency or severity of the identified behaviours and is recommended to be used in conjunction with other instruments if more child-specific detail is required, which was ideal for my purposes. The advantage of the BSAG is that it provides a descriptive overview of the children within the sample which, when combined with the data from the other instruments, adds another dimension to body of data.

Summary of the rationale of the data collection

The data analysis was designed to evaluate the effectiveness of two models of intervention in promoting a more secure and sensitive environment for the bereaved child. Instruments appropriate for this purpose were selected or designed specifically for the purpose. Certain minor adaptations were made to the instruments. Quantitative and qualitative data were collected from the parent, teacher and child and analysed by four factors of security, competence, sociability and mourning.

Conclusion

The research study was designed to accommodate the demands of good practice in conjunction with the need to collect quantitative and qualitative data in a uniform and systematic manner. The instruments were selected with this and the structure of the analysis in mind. The scoring method for each instrument is elaborated in the following section.

Section 1e

Scoring And Rating The Data: Defining The Elements To Be Analysed

Introduction

In this section I discuss the rationale behind the data collection and analysis. I examine the reasoning behind the selection of the instruments and the adaptations which were made in order to establish complementarity between them. I outline and discuss the qualitative analysis. Finally I examine the role of the social worker and outline the areas of her practice upon which the analysis concentrated.

The analysis is based upon qualitative and quantitative data collected by the social workers from the parent and teacher and, in the experimental group, from the child.

The study also gleaned qualitative data about the social worker from the manner in which she conducted all aspects of the intervention and research procedures. This data was largely retrieved from the records, supplemented where appropriate by contact between the researcher and the social worker and independent assessors.

Quantitative Analysis

At each stage the teacher completed three instruments, the parent two and the child one. The teacher and parent had two instruments which were similar, one of which was designed specifically for this study. The third instrument for the teacher was matched in the parent by the qualitative data retrieved from the session records.

The Child Behaviours List

This instrument was designed for the study and contained a series of 20 states and traits associated with security, sociability, competence and mourning . They were mixed statements eliciting positive and negative value responses in balanced amounts [9:11]. The ratings range from 0 to 3 [see appendices CBLP [with Ratings] & CBLT [with Ratings]].

The Rutter Scales A(2) and B(2).

The scales are divided into the same categories as above. The Rutter scales were designed as a two-way procedure to assess for emotional and conduct disorders. The items were broadly compatible with those by which I was analysing the study. The groupings I have made within these instruments are compatible with the factor groupings of the original design purpose. Some adaptations were made as discussed above. The category of sociability was defined as being equivalent to Rutter's conduct disorder category. These instruments were also chosen because of their clear, non-threatening presentation, ease of completion as well as their relevance to the foci of this study.

Scale A(2) had 12 security, 7 competence, 9 sociability and 3 mourning behaviour items.

Scale B(2) had 8 security, 8 competence, 9 sociability and 1 mourning behaviour item.

Although the groups of items were given scores and categories, in reality they overlap and interact in a dynamic involvement.

An initial assessment was achieved by the scoring method devised for the instrument's original purpose.

Child Self-Report Questionnaires

Patterning : the child self-report questionnaires were preceded by a reciprocal exercise in the playwork book [see appendix All About Me : pages 2-3] which was designed to create some ease and rapport between the social worker and the child. Of the fifteen items in this section, two referred to performance at school [e.g. My favourite lesson is.... & My worst lesson is...], two to sociability [e.g. My friends at school are

called.... & My best friend is called....] and the last item was a measure of self-esteem [I am special because....]. These were evaluated in conjunction with the quantitative data from the following sections.

The main body of the questionnaire which followed on from this exercise was in three sections [see Playwork Book : pages 4 - 6]. The first section of nine items was followed by a drawing exercise about a recent or recurring daydream. The second section followed a similar format with the drawing exercise relating to self-esteem. The last section was comprised of nine items on one page and the page was turned to reveal eight more items and a drawing exercise about the child's favourite meal. This last exercise was designed to lead the child out of the exercise by use of a neutral activity.

The patterning of questions and drawing exercises was intended to accommodate the range of attention spans within the age group of five to ten-year-olds by creating a tempo to the data collection appropriate to children of those ages. The exercise was conducted at the start of the first session with the child and repeated at the beginning of the last session.

Rating: the items were rated on a scale of 0-3. This was achieved by presenting the items with four possible score-boxes to be ticked preferably by the child or, if the child preferred, by the social worker. The boxes were presented in column form and each column was headed in sequence Hardly Ever, Sometimes, Quite a lot & Most of the time. The items were phrased in ways which precluded the ticking of one box throughout as positive or negative, thereby encouraging the child to consider each statement on its own merits and score it accordingly. The secondary purpose of this process was to promote a conversation between the child and social worker about the issues raised within the text.

Items pertaining to the different elements were scattered throughout the questionnaire,

with the exception of the mourning items. These were presented in a cluster two thirds of the way through. I considered it to be unethical to scatter these items within the body of the questionnaire because the child may have felt he was being 'ambushed' by these items, whereas a block of statements created a notional boundary around these issues.

Sections: the sections contained items similar or identical to those in the Child Behaviour Lists. This enabled direct comparisons to be made between parent and teacher assessments and the child's self-assessment, thereby providing a measure of sensitivity in the adults to the child's perceived state as opposed to his actual or felt state.

Items

There were:

- 11 security items and a drawing
- 7 competence items and two drawings
- 5 sociability items
- 12 mourning items

In accordance with the other instruments each item was awarded a positive score for the undesired state or behaviour, therefore the absence of mourning behaviours was scored positively]. The maximum score for each item was 3 and the final score was derived by subtracting the second score from the first. The child's self-assessment was compared to the adults' assessments and the differences noted as indicators of perceived sensitivity.

Totals and Subscores

The process of subtracting the second wave score from the first resulted in a minus score indicating a degree of improvement and a positive score indicating a degree of deterioration. The Child Self-Report questionnaire was scored in the same manner [see section 1e appendix : Child Self-Rating Scores] .

In the experimental group the scores from the adults' instruments were compared to the child's self-report scores [see section 1e appendix: Comparison of Child Self-Rating and Parent-Teacher Scores]. The difference between the scores was noted as indicative of the degree of sensitivity between the adults and the children. Based on the findings of previous studies [Becker & Margolin 1967 : Brody & Forehand 1986 : Crockenberg 1981 : Harris & Bifulco 1991 : Hummer & Samuels 1988 : Johnson 1982 : Kazdin et al. 1983 : Knight-Birnbaum 1988 : Vaughn et al. 1979 : Saler & Skolnick 1992 : Silverman & Silverman 1979] a significant lack of congruity between these measures was expected.

Summary of the quantitative analysis

A battery of instruments were selected and minor adaptations made in order to achieve complementarity. The child's instruments were designed to allow comparisons to be made between his scores and those of the adults as a measure of perceived and/or actual sensitivity to the child.

Qualitative Analysis

Introduction

There were three main elements in the qualitative analysis, the parent, the child and the social worker. The analysis of the child was constructed and conducted in conjunction with the parental factors and the findings that were arrived at there. The findings of the child and parent analyses were brought together in the analyses of the referred disturbance and parent-child relationship. These four elements formed the main body of the data and findings of the research study.

Data relating to the social worker was analysed to evaluate the success with which she was able to construct a 'secure base' for the parent and child. This was initially intended to be a secondary feature of the research but developments during the course of the study resulted in this element taking on a greater importance than was originally expected.

The school was an additional resource and was analysed in conjunction with the first three elements but with particular reference to its significance for the parent and child in each case.

Identified Fields for Analysis

The premise is that the resolution of bereavement requires mourning and that this is a process of establishing an adjusted attachment with the deceased [see Chapter 3]. The child's ability to initiate and sustain that process depends upon the quality of perceived security within the child's personal environment. I have defined the secure individual as having the following characteristics:

- i] The ability to feel free from worry about present and future personal safety
- ii] The ability to feel confident about the safety of significant others
- iii] The ability to rely realistically upon others in situations of perceived threat

A child's personal environment is largely determined by the parent-child relationship. The quality of security felt there is reflected in the child's performance and functioning at school. Therefore it follows that the child's internalised experience of self and others in these two arenas has a direct bearing upon his ability to initiate and sustain mourning.

The data seeks to measure evidence of the quality of security in the following four fields: [i] the parent-child relationship, [ii] the child's ability to function and perform at home, [iii] the child's ability to perform and function with his peers and in school and [iv] the child's ability to establish mourning.

It is acknowledged that each one of these is a compound factor, containing a multitude of descriptive features which combine to make up the whole. However, in the interests of

clarity and brevity it was necessary to select certain elements over others. In so doing there is no intended implication that those which have been excluded are not important and may be included indirectly either by inference or example.

The aim was to construct a succinct and accurate profile of the factor rather than a detailed portrait. It is also acknowledged that the three elements do not operate in isolation but overlap and impinge upon one another thereby creating a dynamic state within the individual, the parent-child relationship and the child's environment. It is this dynamic which is also under scrutiny.

Analysis of the Parent

Analysis Of The Relationship Between The Quality Of Parenting And The Outcome

The ability of the interventions to improve the quality of parenting was expected to be the critical element in effecting a good outcome. This section of the analysis sought to draw out six elements of parenting which were thought to be most influential to see if there was an association between them and a good outcome. These would then be examined more closely in the rest of the analysis.

i] The reasons for referring a child to a social work agency often contain strong indicators about the parent-child relationship and the dynamics operating in the family unit. Bereaved families are no exception. For example, a child may be referred because he has assumed a particular 'role' within the family, perhaps he is the family's scapegoat, regulator or spokesperson. Therefore, it was expected that there would be no association between the act or process of referral and the outcome because of the hidden agendas within referral.

ii - vi] The parent's definition of the problem, its onset and development, and the adaptations made by the parent to accommodate the child were expected to be related to a good outcome.

The analysis drew on data from two cases from each group, those which had the best and poorest outcomes. The analysis sought to provide an overview of the parent's personal qualities and evaluate the whole process of the intervention from that perspective.

The Role of Critical And Significant Events Within The Analysis

My practice experience was that the child experienced a range of events, from the diagnosis onwards, which are either directly related or tangential to his mourning. I was aware that some parents are obliged to accommodate the wishes of other family members over the recognised needs of the child. This most commonly occurs in connection with the critical events, some of which are in part or completely defined by cultural precepts. In these cases the accepted cultural code sometimes influenced or determined the range of responses the parent felt she could make: this was particularly relevant for those events connected with the rites of passage. These events therefore, represented a quality of response which was in part permitted by the family or community, and which represented what I defined as the operational quality of sensitivity.

The genuine quality of sensitivity was represented by the parent's ability to recognise the discreet event and respond in a manner which attributed the appropriate status to the child's experience and offered an appropriate level of comfort and support that enabled the child to manage the experience in his chosen or preferred manner.

Selecting the events for each category

Drawing on the analysis structure devised by Downes in her study of adolescents in time-limited foster care [Downes 1986], I selected two sets of bereavement related experiences: critical and significant events.

Critical Events

Critical events are explicitly bereavement related and shared by all the family: these are the critical events. These events were assessed within the context of the family's

culture and the parent's personal style. Some of these events preceded the start of the intervention and others occurred during the intervention.

The critical period from diagnosis to death was analysed by events which were considered to be landmarks or critical events within the development of the illness. The parent's responses were assessed for sensitivity. The decisions taken about the child's role and experience of these events were assessed within the apparent family culture. A set of two explicit events [e.g. Christmas, a birthday, an anniversary etc.] following the death were also analysed by the same qualities. These events are recorded for both groups within the Family Profile and were used to provide a comparison across the whole sample.

The criteria for scoring and defining and critical events

The events were analysed qualitatively by a number of variables and awarded a score of 1 - 5 [negative to positive] according to how well or otherwise they fulfilled the following criteria.

The diagnosis and early stages of the illness

The experience of the diagnosis is usually the first bereavement in the process of the illness. It embodies the loss of future for the family and marks a critical change in family dynamics. The uncertainty of the outcome of the illness obliges parents to review their relationship and requires extensive adjustments to the individual's self-image and model of the world. The term 'future' takes on a different meaning and children need to be accommodated within this global review.

The terminal stage of the illness

The management of the terminal stage of illness is a critical time in a family's life and is an opportunity to assess the coping strategies, strengths and vulnerabilities. It is often a time when a family's emotional resources are pared to the bare essentials and relationships, attitudes and values become crystallised in the crisis. In recognition of

this, the Family Profile pays great attention to this period and encourages the social worker to draw information about it from each family member's perspective.

These two periods were analysed by the following elements:

Diagnosis: the quality of the experience is determined by how promptly it is given in relation to the parents' suspicions, parent's response to the information and the manner in which the information is delivered

Time : the length of time between the diagnosis and death

Prognosis : the balancing of hope and resignation. The process of adjusting from hope of a cure to accepting the inevitability of death

Treatment: the ability to control the symptoms

Management : the manner in which the medical care is perceived to be presented

The management of the death

The manner in which the child experiences the parent's death is evaluated from the child's perspective. It is not unusual for there to be a sudden change of tempo of events and an increase in emotional pressure around this time to which children are preternaturally sensitive. The ways in which this period of heightened intensity is managed provides insight into the family's coping strategies and personal and cultural assumptions. This period is analysed by the following elements:

Place : the location of the death and whether this was the parents' chosen place

Preparation

of parent : the degree to which the surviving parent was psychologically prepared for the death

Preparation

of child : the degree to which the child had been or was prepared for the death. The quality of information and degree of access to the ill-parent

Nature : the peacefulness or otherwise of the actual death

How child

was told: the location, timing and manner in which the child is informed

The funeral

The funeral presents an opportunity to assess the immediate and extended family's genuine attitude towards the child. The manner in which the child's needs are considered and accommodated are demonstrated in the ways in which families behave at this time or reflect on those decisions in the future, thereby demonstrating genuinely held beliefs about the child. This event was analysed by the following elements:

Viewing : the child's ability to choose whether or not to see the parent after death. Particular attention is paid to the manner in which any offer is made or comments the parent might make about the appropriateness or otherwise of this experience.

Parent's

response : it is assumed that the parent accompanies the child to see the body and reports some personal response

Child's

response : the child's response is assessed as indicative of the quality of his experience. Attention is paid to the expression of emotion or any verbal comments he might make

Sibling's

response : the same criteria apply to the sibling's response

Type of

funeral : the funeral provides an opportunity for the family collectively to celebrate the life of the dead parent and share their sadness. The ritual is assessed by the opportunities the parent makes available to the child for these experiences within the service and associated events

Parent's

experience: the quality of the ritual is assessed by the personal significance and impact of the experience

Child's

experience : the quality and extent of the child's participation in the service is assessed as is his emotional responses and the quality of comfort afforded him throughout the ritual

Sibling's

experience: the same criteria apply as for the referred child

Post-death events

Two of the following were selected from the recording and analysed as follows.

Christmas

Management: the extent to which the parent anticipates the significance of Christmas for herself and the family is assessed. Any changes she makes to the established celebration in response to her awareness of the differences that will need to be accommodated in the family's experience of the holiday this time are assessed.

Awareness

of child's

experience : the parent's ability to anticipate the needs of the child with regard to Christmas and make provision, psychologically or in practical terms, is assessed as indicative of sensitivity to the child's experience. An awareness of the child's need to enjoy the day and the parent's ability to give permission for that to happen is also taken into consideration as indicative of her ability to maintain a sensitive balance to her experience.

Anniversary

or Other: the same two variables are analysed by the same criteria

Scored evaluations

Each event was made up of distinct phases or sub-events. Each one was awarded a score of 1 - 5, with 1 as negative and 5 as positive [see table Critical Events scores at end of this section]. The separate scores were added together totalled by event to reveal any patterning of scores within the sample.

It was important to the overall balance that each child was scored on the same number of items, however, in some instances it was not possible to award a score on the data provided [e.g. the referred child had no sibling, Christmas did not occur during the course of the intervention etc.]. In these instances a score was awarded in keeping with those of similar items [e.g. the only child's score was repeated for sibling scores, another anniversary event score was used etc.]. There was no data for E2 because the Family Profile was not completed.

The combined data enabled a comparison to be made between the quality of resources that existed before the death and the qualitative difference in the child's experience of parenting afterwards. [This last element is pursued further in the analysis of the

significant events.] The events were also selected because they are experiences are common to both groups, thereby enabling cross group and case by case comparisons.

Significant Events

The significant events were more discreet. They were characterised by not being as readily apparent as the critical events but were expected to be understood as related to the child's experience of bereavement by a sensitive parent, social worker or adult. They are in effect defined as bereavement related by the child rather than by others. Parental responses to the significant events were assessed as indicators of the genuine level of sensitivity. The definition developed of these events for the analysis was an event which was:

- i] defined and/or communicated as having significance for the child by the child himself [e.g. personal memories, associated events, others' remarks, sensory stimuli etc.].
- ii] possibly not recognised as significant by the child at the time but which the social worker and/or a sensitive adult could be expected to recognise as such, either because they are known to impinge upon the child's mourning environment or because they could be expected to do so [e.g. changing school or teacher, going away on holiday, moving house etc.].

This sub-group is similar to Parkes' transitional events [Parkes 1971]. Transitional events challenge the resources of the individual for two reasons. First, the element of change inherent in the event demands a significant degree of adaptation to novelty resulting in the need for adjustment of the child's internal working model. Second, the nature of the event holds echoes of the child's bereavement in that all experiences of change involve a degree of loss.

These experiences can be seen as lesser bereavements in that they are occasions for change, with outcomes and/or resolutions which are determined by the child's

responses. Therefore they are significant indicators of:

- i] the quality of sensitivity in the child's environment to bereavement-related experiences which are explicit
- ii] the quality of sensitivity in the child's environment to the more subtle representations of his loss
- iii] the availability of resources within that environment
- iv] the child's ability to manage critical life events in the wake of the crisis of bereavement

These events were scored on the same scale and by the parent's ability to anticipate or recognise the significance of the experience to the child and respond.

Summary of the analysis of critical and significant events

The ways in which the events are managed are indicative of the quality of sensitivity in the parent or parents to the child's experience. I expected that the data would reveal the qualitative differences between the dead and surviving parents and possibly indicate other influential factors within the child's environment.

Analysis Of Parental Sensitivity To The Child

The following variables, which centre on parental sensitivity to the child, were analysed as indicative of a secure relationship :

- i] the parent's ability to perceive and respond to the child's concerns
- ii] the parent-figure's ability to assist and protect the child in a manner which enhances the child's own resourcefulness
- iii] the quality of support and comfort given to the child

- iv] the parent's ability to encourage the child and demonstrate enjoyment in the child's achievements

Perception of the child's concerns

There are four elements to this factor. First is the parent's ability to recognise the child's concerns, whether they are voiced or expressed through changed behaviours. The second element is the manner in which these concerns are defined, in particular whether or not the parent perceives them to be associated with the child's bereavement, is assessed. The referral route may be a useful indicator of the parent's definition of the child's difficulties because, in approaching or accepting the hospice social worker, the parent is explicitly or implicitly accepting the bereavement context of the child's distress.

The third element is the parent's ability to understand the significance to the child of his concerns and the fourth element is the willingness with which the parent believes the child's concerns to be genuine. This last element is a mark of the quality of the parent's empathy which is considered to be an essential feature of sensitivity.

The availability to assist or protect

The sensitive parent is someone who presents as available to the child as and when the child needs additional resources. The sensitive parent is approachable when the child needs help, or will take the initiative to act when she considers it necessary to protect the child from harm, or to prevent unnecessary disappointment. The manner in which the child's expressed and more discreet concerns are addressed and managed by the parent are assessed as indicators of the parent's sensitivity.

The quality of comfort-giving behaviours

The ability the parent has to offer and give comfort to the child is assessed. The quality of comfort-giving is evaluated by the parent's manner, with particular attention being paid to the appropriateness and compatibility of the style to the child's wishes and the

circumstances of the incidents.

The persistent absence or avoidance of comfort-giving behaviours in situations where the child is exhibiting heightened attachment behaviour or is obviously distressed, is defined as a negative response. If no comment about comforting the child is made within the recording then this is considered an absence by omission and evaluated negatively.

The incidence of praise or enjoyment of the child

The parent's ability to praise the child's achievements and take pleasure in them is assessed as an index of appreciation of the child. The achievement may be explicit [e.g. new skill, prize etc.], or more discreet [e.g. a significant exchange, an moment of emotional closeness etc.]. The achievement is identified within the data and the quality of sensitivity assessed by the nature of the parent's perception and response.

The parent's enjoyment may be expressed in terms of the personal pleasure that is derived from the achievement, or, more altruistically, in response to the child's pleasure.

The Analysis Of Competence In The Parent

In a previous discussion [see Chapters 2 & 3] I established that the secure individual demonstrated a better quality of competence than the less secure person. I have defined competence as an ability to manage the practical demands of caring for the child in a resourceful and positive manner, and in ways which communicate an altruistic concern for the child's welfare. A positive outcome is personally satisfying for both the parent and the child.

The element of altruism denotes the parent's deeper, genuine commitment to the child's welfare, the level of commitment which surpasses the superficial provision of services. It is expected therefore to be associated closely with the quality of the parent's responses to the significant events and the quality of sensitivity manifested generally.

I have also proposed that a bereaved parent who is actively mourning is perceived by the child to be less competent than before the death because of the features of reactive depression which characterise acute mourning. It is expected that the combination of reduced competence in the parent, at a time when the child needs more not less reassurance about the security of the world and the parent's ability to manage that for him, will be associated with his quality of security.

Sources of data for the analysis of parental competence

Data for this analysis was mainly drawn from two sources, the records of the parents' sessions and the record of the meeting with the teacher and head teacher. In the former I use data in the manner described above. In the latter I analyse the parent's initial response to the meeting with the teachers and the manner in which the parent's insights and the decisions made then are carried out by the end of the intervention. Elements were itemised, scored and tabulated [see Appendix 2 : Parental Competence].

Analysis Of The Parent's Ability To Respond To The Child's Mourning

The quality and extent of these parental qualities is expected to determine the character of the parent-child mourning conversation, in particular the degree to which it is free-flowing, spontaneous and exploratory. To this end the analysis examines the manner in which the parent perceives and responds to references the child makes to the dead parent. The quality of the parent's willingness to encourage the child to pursue or repeat those initiatives is also considered to have a significant effect upon the child's ability to sustain his mourning.

The manner in which a pattern or routine develops around the mourning conversation is assessed for its facilitative qualities. The way in which the parent defines or responds to his awareness of the pattern is considered indicative of the quality of response to the child.

Analysis of the Child

I have established that the child's functioning with regard to competence, sociability and communication are the essential features by which to judge the quality of security. These qualities are described by the following properties.

Competence

Competence is an essential factor in reorganising the child's environment to enable him to initiate and sustain mourning. The bereaved child requires additional resources and different qualities in his mourning environment and the extent to which he is able to construct that environment depends upon factors which are enhanced by his quality of personal security.

The secure and competent child is able to recognise a situation which is beyond his ability to manage on his own or with existing resources. He responds by engaging other people, or other resources, in a manner which reduces his anxiety and demonstrates a purposeful approach to an identifiable solution. He is able to explore the world through experimentation without those experiences placing himself or others under undue pressure or risk of harm. One of the outcomes of these experiences is that the child has a better understanding of himself, others and the world about him and can approach other challenges with an equally or more positive attitude. Therefore the quality of the child's competence was distilled into the following three elements, the child's ability to:

- i] recognise the need and appropriately engage resources in order to resolve problems or assuage anxiety in situations of perceived threat
- ii] explore the world through social and intellectual experimentation
- iii] demonstrate initiative and gain insight, thereby coming to perceive himself as a resource for himself in times of perceived challenge or threat

Sociability

The quality of social relationships and the support they afford the child are expected to have a significant influence upon his perception of his self-worth and availability of others. The secure child is able to form and sustain a variety of relationships within his family, among his peers and within formal or semi-formal contexts [e.g. teacher, other professional etc.]. He demonstrates a variety of personal styles appropriate to each relationship, without losing the integrity of his identity within those variations. He derives a variety of levels of support and intimacy from these relationships which he recognises and uses appropriately. The factor of sociability is distilled into the following elements: the child's ability to

- i] construct meaningful social relationships
- ii] maintain relationships of differing values and intensities
- iii] sustain and develop those relationships

The Child's Ability to Establish Mourning

Children's mourning has the same goal as adult mourning but there are significant differences between the two. Although ostensibly an internal process there are certain external manifestations which can be assessed as reliable indicators of the internal state. The following constitute the measure of mourning.

- i] The maturity of the child's concept of death
- ii] The child's ability to recall the dead parent with appropriate affect and without excessive anxiety
- iii] The child's ability appropriately to explore memories of the dead parent
- iv] The child's ability to establish an adjusted attachment to the deceased

The Mourning Conversation

The bereaved child needs to initiate mourning in order to reconstruct his model of the world and establish his adjusted attachment to the dead parent. Only when the child is held securely and sensitively can he acknowledge his need to mourn and embark upon the process.

The bereaved child who recognises and responds positively to his need to mourn demonstrates a degree of personal security. The child who is actively mourning perceives states of emotional and physical distress which are generated in response to remembering the dead parent, and recognises them to be part of that process. He is able to explore and express that distress appropriately in a free-flowing discourse with his parent-figure or trusted other. therefore the factor of the mourning conversation is distilled into the following two elements, the child's ability to:

- i] establish a spontaneous, free-flowing discourse with the parent-figure
- ii] express appropriately within the different relationships all emotional states and thoughts

Sources of Data for the Analysis of the Child

Data was drawn from the same sources as for the parents. There was a marked difference in the quantity of data between the two groups because of the sessions with the children in the experimental group. Consequently it was necessary to construct the analysis by the data available from the control group although, when appropriate, additional data from the experimental group cases was included. I was aware of the need to use this additional data prudently and not create an imbalance or contaminate analytical impartiality.

Quantitative data from the Playwork Book was referred to when considering the outcomes for children from the experimental group.

Independent Assessors

In order to reduce research bias each case was assessed by another social worker who was a specialist senior practitioner in the field of bereavement. They were provided with copies of the Parent Session records and the Family Profile for two cases, one from each group, and given 4-6 weeks to review the data. They were asked to complete four tasks:

- i] to define and comment on the critical and significant events they identified from the data
- ii] assess and comment upon the parent's general level of sensitivity to the child during the intervention
- iii] assess and comment upon the social worker's practice with the parent
- iv] assess and comment upon the social worker's practice with or on behalf of the child

The assessors were asked to make notes on each family and were interviewed separately 4 - 6 weeks later. Each interview lasted approximately 2 hours and involved a detailed review of the parent-child relationship and the practice of the social worker. [This was conducted for each case with the exception of E2 which was eliminated because the Family Profile data was missing. This would have created an imbalance of basic data which would have compromised the assessment.]

I recorded the comments they made during the session and each one allowed me to keep the notes they had made on each case. In cases where there was a difference of opinion the differences were discussed. The independent assessors' comments were included at the end of each section of the analysis, within the discussion of the referred disturbance for each case and accommodated in the final discussion .

Summary of the Qualitative Analysis of the Parent-Child Relationship

The parent-child relationship was analysed by the qualities of security and sensitivity. The child was assessed and evaluated by his competence, sociability and manifestation of mourning. The parent's management of critical and significant experiences was evaluated as indicative of the quality of sensitivity to the child. The availability of appropriate resources within the environment to manage those events were also assessed. The manner in which the parent identified and responded to the child's distress [the referred disturbance] was analysed. Independent assessors were engaged to provide a second level assessment.

Analysis of the Role of the Social Worker

The social workers as a sub-sample and the intended field of analysis

The last element in the data analysis concerns the social worker. This was originally intended to be an analysis of her role within the intervention but the experience of pervasive reluctance and resistance to the research practice across both groups following the training raised issues about the role of research within practice, and practice within research. The data within the qualitative instruments contained a wealth of insights into the individual social workers' practice and now presented as a an opportunity to analyse the quality of individual and group practice. In effect the social workers became a sub-sample, an additional and unintended facet to the research study. The research design was adapted to include this analysis in conjunction with the intended focus of analysis which was the social worker's role within the intervention.

The role of the social worker within the stated objectives of the intervention is to develop resources within the parent-child relationship and environment which are not dependent upon her for their continuing beneficial influence. The social worker is an essential element in the process, one which derives much of its benefit from her catalytic role which combines professional skills tempered by personal qualities.

The role of the social worker can be described as twofold :

- i] she is a catalyst within the process of change
- ii] she represents and provides a secure base which can enable the child and parent to initiate their mourning

The Social Worker as a Catalyst

At the point of referral the parent and child are in a state of crisis, by which I mean they are at a turning point, a time of change for better or worse. The nature of this state means they are both in need of someone who is outside their individual and shared experiences, someone who can provide an arena in which to consider the present situation in relation to what has happened without being part of those experiences or being changed in the process. The social worker is that person.

She provides an opportunity for each of them to have a time limited, working relationship with someone who is committed to their well-being in an unconditional, impartial manner. The social worker offers herself as a non-judgemental, altruistic other at a time of identified need within the family. She also implies, in the offer of the working relationship, that within the content of the work there is the potential for a degree of resolution of the current difficulties.

In her role as catalyst she was simultaneously the agent of change whilst remaining constant herself. This element entailed the social worker being aware of the ethical and professional issues within the practice and remaining within those professional boundaries at all times. It was expected that the degree to which she was able to achieve this would be reflected, to some extent, within the success or otherwise of the outcome.

In her role as mediator of the practice she employed her personal skills and used her own style of working while remaining aware of the professional requirements. This element is an essential component to congruence within practice. The degree to which she was able to maintain personal congruence was expected to have an effect upon the

manner in which she was perceived by the family and the quality of her satisfaction with the practice.

Her ability to develop as a secure base for the parent and child is embodied in her becoming a reliable constant which facilitates the exploration of their losses and enables them to initiate their mourning.

The social worker's tasks within the process of change

Both models of intervention aimed to enhance parental sensitivity to the child and thereby promote mourning. The process could be described as a series of tasks:

- i] to analyse bereavement-related experiences within the context of the parent-child attachment
- ii] to assess the problems as defined by the parent and child from their different perspectives
- iii] to assess the resources currently available
- iv] to develop or enhance those resources which assist in promoting mourning and which can be sustained after the social worker withdraws

The Social Worker as a Secure Base

The term 'secure base' refers to a cluster of personal and professional qualities [see Chapter 2]. The social worker needs to present to the family as an impartial person who is sensitive to the individual experiences of loss contained within the family's shared bereavement. In accordance with the principles of Bowlby's 'secure base' [1989], she needs to present as a reliable, organised, competent person who has a genuine warmth and concern for the family's situation and is able to tolerate expressions of distress. The following characteristics of the social worker's personal and professional qualities will be analysed in order to assess her ability to present as a

secure base for the family :

- i] competence
- ii] sensitivity
- iii] sociability

Competence

The social worker's ability to present herself as an efficient, well organised individual was expected to have a significant bearing upon the family's perception of her potential to be a secure base. These qualities were analysed within her ability to arrange the sessions at regular intervals and to facilitate their smooth passage. Her ability to manage the research requirements of completing the instruments and recording was also assessed. Lastly, her ability to respond to individual needs as they arose during the course of the intervention was taken as an indicator of her resourcefulness.

During the training and in the research guidelines within the social worker's research pack, considerable emphasis was placed upon the importance of presenting the research elements [e.g. data collection in the Family Profile, completing the instruments] as incidental to the main body of practice. Consequently, neither the parent nor the child should have been consciously or predominantly aware of the research context to the sessions. The social worker's ability to achieve this formed an underlying theme to the assessment of her competence.

Competence in the social worker is defined as a demonstrable ability to:

- i] organise herself and the practical resources necessary for the smooth passage of the sessions
- ii] respond with initiative and creativity to expressed or changing needs as they arise

The first element pertains the social worker's ability to prepare herself and organise the practical resources necessary for the smooth passage of the sessions which constitute the physical or concrete secure base. This ability is evidenced in her planning for each session [e.g. booking and preparing the room when necessary,

arriving punctually, having a plan of the possible content of the session etc.] and demonstrating an appreciation of the significance of events or statements within the sessions. This appreciation is expected to stem largely from the information available to her within the continuing assessment process and from the Family Profile.

The second element refers to practical aspects of the intervention. It pertains to the social worker's ability to recognise an expressed need, assess what practical response is most appropriate and how this should be effected. This can be assessed by analysing her response to the main concerns expressed by the parent and the child and the development of resources to resolve the difficulties they generate.

Sensitivity

The social worker's sensitivity to the parent and child was expected to have a critical effect upon the manner in which they were able to engage with her and benefit from the intervention. This element in her practice was analysed by her personal qualities in this section, and in her construction of the relationship in the following section.

In this section the social worker's ability to recognise and respond to distress, in a manner appropriate to the individual, was considered to be an essential element in an assessment of her professional and personal sensitivity to the needs of the individual. The social worker's response was expected to vary by situation and individual, thereby demonstrating her ability to subjugate her own need to give comfort in the interests of promoting empathy with the parent or child. It is only when the parent or child feels safe from unwanted comfort, or safe in the knowledge that it is there if it is wanted, that the social worker is genuinely available because she is then a known entity, a constant and reliable resource.

The second element to this factor is the social worker's ability to recognise, acknowledge and encourage independence. This was considered to be an important element in monitoring the development of resourcefulness and greater emancipation in

the parent and child. The social worker's ability to recognise achievements was also taken as an indicator of her commitment to the independence process.

Sensitivity in the social worker is defined as a demonstrable ability to:

- i] offer appropriate comfort and reassurance at times of perceived distress
- ii] exercise judgement about how to respond in order to develop empathy within the relationship
- iii] present as equally available or accessible to both parent and child at all times
- iv] acknowledge achievements and thereby encourage independence

In order to achieve clarity with brevity in the analysis I combined the first three elements and addressed the fourth element independently of this grouping.

The manner in which the social worker communicates the first three elements is expected to vary. In the relationship with the parent it is expected that the nature of comfort-seeking and giving would be different to that with the child. It is expected that eye contact, tone of voice and non-verbal behaviours, while being important in both relationships, would play larger roles in the comfort-giving in the adult-adult relationship.

Similarly it is expected that there will be more frequent physical contact between the social worker and the child [e.g. distal touching, closeness, hand holding, hugging etc.] than is usual in adult-adult relationships. Both these elements depend entirely upon the idiosyncratic repertoire of the individual but it is expected that the social worker would respond to the needs of the parent or child consistently in the preferred style of the individual and rather than in her preferred styled.

The third session with the child concludes with a story which contains many bereavement themes. The process of story reading manner would be expected to present the social worker as physically available because she would be static and perceived by the child to be engaged in a task which would mean she would hold that position for the duration of the story. This exercise is expected to create the context in which the child's comfort-seeking behaviour and the social worker's response to that would be most apparent.

It is expected that the social worker will experience distress in both the mother and the child at various times in the counselling sessions. I will use one major theme from the parent sessions, one from the child's sessions and the story reading episode in order to assess this aspect of her practice.

The fourth element of sensitivity refers to the ability of the social worker to appreciate aspects of the individual which are valued by him or her and contribute to the improvement of self-esteem and competence. Her genuine recognition of these talents or skills will be manifested in her active support of their development which is expected to assist self-perceptions of resourcefulness and improve self-esteem. Both of these personal qualities are expected to assist the continuation of mourning after the social worker's withdrawal.

Sociability

The social worker's ability to establish a balanced perspective upon the parent's and child's individual difficulties, was taken as a strong indicator of her impartiality. Her ability to demonstrate her unconditional acceptance of each one's experience, without giving greater weight or significance to either, was assessed as indicative of her empathy. This element was assessed by her practice, as demonstrated in her recording, and in her use of language, with particular attention being paid to the use of prescriptive or judgemental terms to describe the behaviour or personal qualities of either the parent or child.

Sociability in the social worker is defined as the demonstrable ability to:

- i] manifest an unconditional acceptance of the individual
- ii] construct separate relationships with the child and the parent
- iii] communicate genuine concern and compassion for the individual's situation

Sociability refers to the social worker's ability to form and sustain relationships within the model of the intervention.

Unconditional acceptance of the individual is founded on a genuine belief in the individual's right to have his own experience within the shared experience and for his understanding and interpretation of that experience to have its own validity regardless of how others may perceive him or the events in question. For the purposes of this study the analysis will concentrate upon the social worker's ability to maintain an impartial position within the constellation of relationships whilst identifying, validating and working with individual perspectives on the perceived concerns in a manner which is explicitly non-judgemental.

The second element is manifested in the ability to construct separate relationships with the child and the parent. The social worker needs to develop the relationships independently of each other, whilst maintaining an overview of the dynamic that exists between them [parent-child, parent-social worker, child-social worker].

The third refers to the manifestation of genuine concern and warmth. This is communicated through a combination of professional skills and personal altruism. The significant features are found in the social worker's congruence with the current mood or content of an interaction as initiated by the client and in the communication of compassion for the individual's distress which is compatible with her professional status.

Information Gathering as Evidence of Child-Centred Practice

The cascade model of social work information gathering relies heavily upon the relevant adults' versions of events. The literature has indicated that in the case of bereaved adults who are frequently less sensitive to their children, this approach is not the most appropriate. It has been established that there is a direct correlation between reduced sensitivity in bereaved parents to their children's emotional states and resistance in adults generally to the child's emotional pain and the under-reporting of children's distress [Becker D. & Margolin F.1967: Brown et al. 1977 : Hummer K.M. & Samuels A. 1988: Parkes 1991 : Palombo 1981: Radke-Yarrow M. 1991 : Rando T 1984] . The social worker is made aware of this in the research training.

The analysis seeks to assess the social worker's genuine impartiality. I based this assessment on the recording and looked in particular at the inclusion of child-centred material and use of prescriptive language. The quality of child centred material in the recording is used as evidence of the social worker's ability to maintain a balanced perspective within the predominantly adult-defined situation and evident by, for example an explanation the child's experience when different to the parent's, as in what the child said on a particular occasion.

The second factor, prescriptive language when referring to the child, [e.g. attribution of negative values being attached to child's behaviour ('attention-seeking' for unassuaged attachment anxiety, 'aggressive' for angry etc.)] is a subtle indicator of the genuine attitude of the social worker to the child. Recording often communicates as much about the recorder as it does about the events. It would not be reasonable to assess this factor on the strength of one or two incidents and the analysis is based upon the frequency with which the social worker employs prescriptive or judgemental terms within the body of the recording and on the extent to which she includes the child's experience within the text of the Family Profile and teachers' profiles.

Information From The School

As part of the research procedure the social worker is required to inform the child's school of the referral, advise the head and class teachers of the structure of the intended intervention and request their co-operation in completing the research instruments and assisting the parent. This last element involves a meeting between the social worker, parent, teachers and, if he wishes it, the child. The response of the school staff is monitored and recorded in order to assess the potential of the school to provide the child with additional resources away from home at a time of identified increased need. The quality of information provided by the school staff and the prevailing attitude towards the child and childhood bereavement in general are also recorded within the format of the teachers' profiles because they are thought to be indicative of the potential within the school to accommodate the child's changed needs and his bereaved status.

The social worker is required to record the meeting and comment on the teachers' attitudes to bereavement and her involvement. It is expected that there may be differences of attitude between the head and class teachers and that one may prevail. If it is the head teacher's attitude which is dominant, then this would be expected to influence the character of the whole school's philosophy in this respect and would have an effect upon the success or otherwise of the intervention. If the class teacher manifests a strong response to the child's status then this too needs to be recorded and accommodated within the analysis.

Information From The Child

The quality of information collected from the child is indicative of how child-centred the social worker is. A social worker who:

- i] includes a child's comments in the Family Profile as a parallel text to the adult comments

- ii] records the referred disturbance from the child's perspective

- iii] attributes equal importance to the significant and critical experiences of the child and parent

is considered to demonstrate an impartiality characteristic of child-centred practice.

Summary of the role of the social worker

The social worker is the medium of the intervention, the person through and by whom the content of the practice is delivered. Although the basic elements are laid out in the structure of the research study, there is freedom within that structure for the social worker to develop her personal style of work, to use her talents and demonstrate her own insights and initiative. It is expected that these variables will strongly influence both the nature of the process and the outcome and therefore need to be accommodated within the analysis.

The social workers' collective response to the research raised questions about professional attitudes to practice-based research and highlighted the need to include an additional element to the analysis in an attempt to elucidate possible causes for reluctance to participate. The research design enabled this analysis to be conducted within the existing body of data.

The process of information gathering by the social worker provided a good opportunity to assess her ability to adopt and maintain a genuinely child-centred approach in the face of an predominantly adult based definition of the child's situation. The social worker's ability and willingness to collect and record information about the child's bereavement-related experiences is considered indicative of the quality of her child-centred approach, as is her use of non-judgemental language.

Summary of the Analysis

Certain adaptations needed to be made to the instruments and the research design in order to achieve coherence of purpose and the fullest possible use of the available data. This was managed without compromising the integrity of the instruments or the

research design.

The data were collected from a variety of sources. The analysis aimed to explore the comparative effectiveness of the two models and to develop a detailed understanding of what were the influential elements within the interventions and the parent-child relationship that were associated with a better outcome. The elements within the analysis had been drawn from the literature and the outcome was based on promotion of mourning as defined by the adjusted attachment model of mourning.

The social worker's practice was reviewed in the larger context of the research findings. The effectiveness of the models of intervention to contain or counter any adverse qualities in individual practitioners was examined within the overall analysis.

Some social workers worked with more than one family within the research which enabled these comparisons to be made. The effect of each element upon the outcome was not discounted and was accommodated as much as possible within the analysis.

Conclusion

The design of the study and the analysis enabled a broad collection of data, much of which was not expected to be used directly in the analysis but would be an invaluable additional dimension to our appreciation of the context of each child's experience and the context in which the interventions took place.

I shall argue that the experimental model of intervention is more effective than the control model even when a parent is unable to respond sensitively and competently.

I shall also argue that the quality of and degree to which the social worker is able to develop a secure base within her practice will have a significant bearing upon the overall outcome of the intervention and that this is manifested in the quality of the child's mourning conversation with his parent.

Parents and Teachers Scores

Total Scores	<u>Parent</u>	<u>Teacher</u>	<u>Total</u>
<u>C1</u>	-14	-22	-36
<u>C2</u>	- 2	- 3	- 5
<u>C3</u>	+ 5	- 4	+ 1
<u>C4</u>	+ 1	+ 3	+ 4
<u>C5</u>	+ 7	+ 5	+12
<u>C6</u>	- 8	+ 3	- 5
<u>E1</u>	-23	-14	-37
<u>E2</u>	+ 6	-24	-18
<u>E3</u>	- 7	- 2	- 9
<u>E4</u>	+ 7	-17	-10
<u>E5</u>	- 3	+ 6	+ 3

Security

<u>C1</u>	- 2	- 6	- 8
<u>C2</u>	- 4	+1	- 3
<u>C3</u>	+7	- 3	+ 4
<u>C4</u>	- 2	+2	0
<u>C5</u>	0	+1	+ 1
<u>C6</u>	+1	+2	+ 3
<u>E1</u>	- 8	- 2	-10
<u>E2</u>	+3	- 7	- 4
<u>E3</u>	- 1	- 3	- 4
<u>E4</u>	+1	- 6	- 5
<u>E5</u>	+4	+3	+ 7

Competence

<u>C1</u>	- 3	-11	-14
<u>C2</u>	+4	- 3	+ 1
<u>C3</u>	0	- 2	- 2
<u>C4</u>	+1	+ 1	+ 2
<u>C5</u>	+4	+ 1	+ 5
<u>C6</u>	- 4	- 1	- 5
<u>E1</u>	- 4	- 8	-12
<u>E2</u>	+1	- 8	- 7
<u>E3</u>	- 1	- 3	- 4
<u>E4</u>	+3	- 4	- 1
<u>E5</u>	- 2	0	- 2

	<u>Parent</u>	<u>Teacher</u>	<u>Total</u>
Sociability			
<u>C1</u>	- 5	- 8	- 13
<u>C2</u>	- 2	- 2	- 4
<u>C3</u>	0	0	0
<u>C4</u>	- 2	0	- 2
<u>C5</u>	0	+ 1	+ 1
<u>C6</u>	- 5	+ 3	- 2
<u>E1</u>	- 8	- 6	- 14
<u>E2</u>	0	- 4	- 4
<u>E3</u>	- 3	0	- 3
<u>E4</u>	+ 6	- 5	+ 1
<u>E5</u>	- 3	+ 2	- 1

Mourning

<u>C1</u>	- 4	+ 2	- 2
<u>C2</u>	- 5	0	- 5
<u>C3</u>	0	+ 1	+ 1
<u>C4</u>	+ 1	0	+ 1
<u>C5</u>	+ 3	+ 2	+ 5
<u>C6</u>	0	0	0
<u>E1</u>	- 4	0	- 4
<u>E2</u>	+ 3	- 4	- 1
<u>E3</u>	- 2	+ 4	+ 2
<u>E4</u>	0	0	0
<u>E5</u>	0	0	0

Child Self-Rating Scores

	<u>1st</u>	<u>2nd</u>	<u>Difference</u>
<u>E1 : Adam</u>			
Whole Scores:	36	34	- 2
Competence:	9	4	- 5
Sociability:	6	9	+3
Security:	11	10	- 1
Mourning:	10	11	+1

E2 : Campbell

Whole Scores:	37	32	- 5
Competence:	5	6	+1
Sociability:	4	11	+7
Security:	8	8	0
Mourning:	20	7	-13

E3 : James

Whole Scores:	31	16	-15
Competence:	5	1	- 4
Sociability:	1	2	+1
Security:	15	6	- 9
Mourning:	10	7	- 3

E4 : Holly

Whole Scores:	42	42	0
Competence:	6	5	- 1
Sociability:	5	8	+3
Security:	15	8	- 7
Mourning:	16	21	+5

E5 : Laura

Whole Scores:	45	25	-20
Competence:	11	3	- 8
Sociability:	11	3	- 8
Security:	11	15	+ 4
Mourning:	12	4	- 8

Appendix 5c

Comparison of Child Self-Rating and Parent Teacher Scores

	<u>1st</u>	<u>2nd</u>	<u>Child Difference</u>	<u>Parent/Teacher Difference</u>
<u>E1 : Adam</u>				
Whole Scores:	36	34	- 2	-37
Competence:	9	4	- 5	-12
Sociability:	6	9	+3	-14
Security:	11	10	- 1	-10
Mourning:	10	11	+1	-4
<u>E2 : Campbell</u>				
Whole Scores:	37	32	- 5	-18
Competence:	5	6	+1	-7
Sociability:	4	11	+7	-4
Security:	8	8	0	-4
Mourning:	20	7	-13	-1
<u>E3 : James</u>				
Whole Scores:	31	16	-15	- 9
Competence:	5	1	- 4	- 4
Sociability:	1	2	+1	- 3
Security:	15	6	- 9	- 4
Mourning:	10	7	- 3	+2
<u>E4 : Holly</u>				
Whole Scores:	42	42	0	-10
Competence:	6	5	- 1	- 1
Sociability:	5	8	+3	+1
Security:	15	8	- 7	- 5
Mourning:	16	21	+5	0
<u>E5 : Laura</u>				
Whole Scores:	45	25	-20	+3
Competence:	11	3	- 8	- 2
Sociability:	11	3	- 8	- 1
Security:	11	15	+ 4	+7
Mourning:	12	4	- 8	0

Parent /Teacher and Child Self-Rating Scores by Order

Scores In Ordinal Position

Patterning Of Scores

Whole Scores

Parent/Teacher

E1 -37
E2 -18
E3 -9
E4 -10

Child Self-Rating

E3 -15
E2 -13
E1 -2
E4 0

Parent E1 E2 E3 E4
Child E3 E2 E1 E4

Security Scores

Parent/Teacher

E1 -10
E2 -4
E3 -4
E4 -5

Child Self-Rating

E3 -9
E4 -7
E1 -1
E2 0

Parent E1 E2 E3 E4
Child E3 E4 E1 E2

Competence Scores

Parent/Teacher

E1 -12
E3 -4
E2 -7
E4 -1

Child Self-Rating

E3 -4
E1 -5
E4 -1
E2 +1

Parent E1 E3 E2 E4
Child E3 E1 E4 E2

Sociability Scores

Parent/Teacher

E1 -14
E3 -3
E2 -4
E4 +1

Child Self-Rating

E3 +1
E1 +3
E4 +3
E2 +7

Parent E1 E3 E2 E4
Child E3 E1 E4 E2

Mourning Scores

Parent/Teacher

E1 -2
E2 -1
E4 0
E3 +2

Child Self-Rating

E2 -13
E3 -3
E1 +1
E4 +5

Parent E1 E2 E4 E3
Child E2 E3 E1 E4

Child Behaviours List: Parent [with Ratings]

Below is a list of personal qualities and characteristics which are found in children in varying degrees. You are asked to consider how applicable these are to your child and record that in one of the four columns on the right handside of the page. It is important that there is a response to each statement but, as with all questionnaires, sometimes the perfect response is not available. In that event, please select the response closest to the one you would have ideally liked to make. Only select one response for each statement. Thank you.

Each of the following statements refers to.....

- | | | |
|---|------|-------------|
| 1) makes friends at home easily..... | 3210 | sociability |
| 2) has trouble making up his/her mind. | 0123 | competence |
| 3) worries about going to bed..... | 0123 | security |
| 4) has a good appetite | 3210 | security |
| 5) can talk about worries..... | 3210 | mourning |
| 6) tends to daydream..... | 0123 | competence |
| 7) enjoys trying new activities..... | 3210 | competence |
| 8) has bad dreams..... | 0123 | mourning |
| 9) wakes up scared..... | 0123 | mourning |
| 10) feels lonely..... | 0123 | sociability |
| 11) worries about going to the toilet.... | 0123 | security |
| 12) feels safe at school..... | 3210 | security |
| 13) talks about his/her..... | 3210 | mourning |
| 14) looks at photos/possessions of his/her. | 3210 | mourning |
| 15) is afraid of something bad happening.. | 0123 | security |
| 16) easily gets angry with other children. | 0123 | sociability |
| 17) easily gets angry with adults..... | 0123 | sociability |
| 18) lacks energy..... | 0123 | competence |
| 19) has difficulty concentrating..... | 0123 | competence |
| 20) readily seeks comfort when upset..... | 3210 | security |

Are there any other comments you would like to make to qualify or further describe your child?

.....

.....

.....

.....

.....

Thank you for taking the time to complete this.

Child Behaviours List : Teacher[with Ratings]

Below is a list of personal qualities and characteristics which are found in children in varying degrees. You are asked to consider how applicable these are to and record that in one of the four columns on the right handside of the page. It is important that there is a response to each statement but, as with all questionnaires, sometimes the perfect response is not available. In that event, please select the response closest to the one you would have ideally liked to make. Only select one response for each statement. Thank you.

Each of the following statements refers to

- | | |
|--|------------------|
| 1) makes friends at school easily | 3210 sociability |
| 2) has trouble making up his/her mind... | 0123 competence |
| 3) worries when alone..... | 0123 security |
| 4) has a good appetite | 3210 security |
| 5) can talk about worries..... | 3210 mourning |
| 6) tends to daydream..... | 0123 competence |
| 7) enjoys trying new activities..... | 3210 competence |
| 8) says has bad dreams..... | 0123 mourning |
| 9) is fearful..... | 0123 security |
| 10) feels lonely..... | 0123 sociability |
| 11) worries about going to the toilet..... | 0123 security |
| 12) feels safe at school..... | 3210 security |
| 13) talks about his/her..... | 3210 mourning |
| 14) brings in photos/possessions of his/her... | 3210 mourning |
| 15) is afraid of something bad happening..... | 0123 security |
| 16) easily gets angry with other children..... | 0123 sociability |
| 17) easily gets angry with adults..... | 0123 sociability |
| 18) lacks energy..... | 0123 competence |
| 19) has difficulty concentrating..... | 0123 competence |
| 20) readily seeks comfort when upset..... | 3210 security |

Are there any other comments you would like to make to qualify or further describe him/her?

.....

.....

.....

.....

Thank you for taking the time to complete this.

Clustering Of Factors Within The Instruments

The assessment of the instruments resulted in the following clusters of items.

Personal Security

Child Behaviours List : Parent

[3] worries about going to bed : [4] has a good appetite : [11] worries about going to the toilet : [12] feels safe at school : [15] is afraid of something bad happening : [20] readily seeks comfort when upset.

Child Behaviours List : Teacher

[3]Worries when alone : [4] has a good appetite : [9] is fearful : [11] worries about going to the toilet : [12] feels safe at school : [15] is afraid of something bad happening : [20] readily seeks comfort when upset.

Rutter A(2) [Parent]

[A] Complains of headaches : [B] has stomach-ache or vomiting : [C] Asthma or attacks of wheezing : [D] wets the bed or pants : [E] soils or loses control of bowels : [G] had tears on arrival at school or refused to go into building : [H] truants from school : [jv] Is there any eating difficulty? : [6] often worried, worries about many things : [10] has twitches, mannerisms or tics of the face or body : [11] frequently sucks thumb or finger : [12] frequently bites nails or fingers.

Rutter B(2) [Teacher]

[2] Truants from school : [7] often worried, worries about many things : [11] has twitches, mannerisms or tics of the face or body : [12] frequently sucks thumb or finger : [13] frequently bites nails or fingers : [14] tends to be absent from school for trivial reasons : [22] often complains of aches and pains : [23] has had tears on arrival at school or has refused to come into the building since the bereavement.

Competence

Child Behaviours List : Parent

[2] Has trouble making up his/her mind : [6] Tends to daydream : [7] enjoys trying new activities : [18] lacks energy : [19] has difficulty concentrating.

Child Behaviours List : Teacher

[2] Has trouble making up his/her mind : [6] Tends to daydream : [7] enjoys trying new activities : [18] lacks energy : [19] has difficulty concentrating.

Rutter A (2)[Parent]

[i] Does he/she stammer or stutter? : [ii] Is there any difficulty with speech other than stammering or stuttering : [1] very restless, has difficulty staying seated for long : [2] squirmy, fidgety child : [14] cannot settle to anything for more than a few moments : [15] tends to be fearful or afraid of new things or situations : [16] fussy or over-particular child.

Rutter B(2)Teacher]

[1] Very restless, has difficulty staying seated for long: [3] squirmy, fidgety child : [16] cannot settle to anything for more than a few moments : [17] tends to be fearful or afraid of new things or situations: [18] fussy or over-particular child : [21] unresponsive, inert or apathetic : [24] has a stutter or stammer : [25] resentful or aggressive when corrected.

Sociability

Child Behaviours List : Parent

[1] Makes friends at home easily : [10] feels lonely : [16] easily gets angry with other children : [17] easily gets angry with adults.

Child Behaviours List : Teacher

[1] makes friends at school easily : [10] feels lonely : [16] easily gets angry with

other children : [17] easily gets angry with adults.

Rutter A(2) [Parent]

[iii] Does he/she steal things? : [3] often destroys others property : [4] frequently fights or is extremely quarrelsome with other children : [5] not much liked by other children : [7]tends to be on own, rather solitary : [8] Irritable. Is quick to fly 'off the handle' : [13] is often disobedient : [17] often tells lies : [18] bullies other children.

Rutter B(2) [Teacher]

[4] Often destroys own or others' property : [5] frequently fights or is extremely quarrelsome with other children : [6] not much like by other children : [8] tends to be on own, rather solitary : [9] Irritable. Touchy, is quick to fly 'off the handle' : [15] is often disobedient : [19] often tells lies : [20] has stolen things on one or more occasions since the bereavement : [26] bullies other children.

Mourning

Child Behaviours List: Parent

[5] Can talk about worries : [8] has bad dreams : [9] wakes up scared : [13] talks about his/her [dead parent] : [14] looks at photos/possessions of his/her [dead parent]

Child Behaviours List : Teacher

[8] says has bad dreams : [13] talks about his/her [dead parent] : [14] brings in photos/ possessions of his/her [dead parent].

Rutter A(2) [Parent]:

[F] Has temper tantrums : [v] Is there any sleeping difficulty? : [9] often appears miserable, unhappy, tearful or distressed.

Rutter B(2) [Teacher]:

[10] often appears miserable, unhappy, tearful or distressed.

Clusters Of Items In Child Self-Report Questionnaire

Security

I worry when I go to bed.

It is hard for me to get to sleep at night.

I have bad dreams.

I wake up scared.

I am afraid something bad will happen to me.

I am afraid something bad will happen to my family.

I feel safe at home.

I worry about going to the toilet.

I feel safe at school.

I enjoy my food at home.

I enjoy my food at school.

Favourite Meal: Two pictures of meals with blank plates beneath for the child to draw his favourite meals.

Competence

I have trouble making up my mind.

I daydream when I am at school.

My Daydream : Picture of blank, framed canvas for the child to draw his daydream

I think other children are happier than me.

I enjoy trying new activities.

At school others seem to be able to do things easier than me.

It is hard for me to keep my mind on my school work.

I feel tired.

Self-esteem Scales :Balance scales drawing exercise [child puts liked personal features in one pan and disliked personal features in the other]

Sociability

I make new friends at school easily.

I make new friends at home easily.

I feel lonely at school.

I easily get angry with other children

I feel lonely at home.

Mourning

I think about my[dead parent].

When I think about my[dead parent] I feel sad.

When I think about my[surviving parent] I feel worried.

I have good memories of my.....[dead parent].

I have painful memories of my[dead parent].

I like to look at photos of my.....[dead parent].

I look at photos of my....[dead parent] with my[surviving parent].

I talk with my[surviving parent] about my.....[dead parent].

I tell my.....[surviving parent] about my worries.

I tell my teacher when I am upset.

I can trust my friends with my secrets.

I can trust my friends with my feelings about.....[dead parent].

Section 1f

Establishing The Criteria For Inclusion Of The Social workers In The

Sample : Recruiting, Matching And Training The Social Workers

Introduction

The criteria for inclusion for the social workers in the study is examined. The rationale and process are seen as part of the foundation of a coherent, sound basis for the research data. The process is elaborated in the recruitment and training of the social workers to enable matched pairs and balanced groups of practitioners to be constructed.

The Criteria for Including Social Workers in the Sample

Establishing the criteria for inclusion

The social workers' criteria for inclusion in the research study were selected in order to establish a level of expertise and professional uniformity within the group. It was an essential pre-requisite that all the social workers were qualified and experienced in their hospice practice and desirable that they had an above median score on the majority of the other elements within the assessment, which were as follows.

All social workers participating in the study had to be qualified, with a minimum of two years post-qualification experience and more than one year's experience of hospice work. Some experience of working with children, either individually or in groups, was desirable.

It was desirable that each social worker had regular or satisfactory access to a supervisor and an existing commitment to case recording evident within her current practice. There should be an interest in current literature and in courses which promote good practice.

The participants were required to demonstrate a degree and quality of sensitivity to

working with children which would be evident from the response to a case study which was part of the assessment process.

Recruiting and Selecting the Social Workers

The recruitment and selection process was intended to be a rigorous experience which would deter or winnow the uncommitted from the committed respondents over a series of stages. It was designed and conducted as follows.

The Recruitment Process

First stage: the research invitation

I decided to limit the initial invitation to hospice social workers for three reasons. Firstly, because of the assumed concentration of expertise and interest amongst this group in working with bereaved. Secondly, because the national group was sufficiently large enough [180 social workers] to expect an approach to elicit a satisfactory response. Thirdly, the group were identified as a relatively uniform body of practitioners, in that they did not have statutory responsibilities and practised within a relatively clearly defined area of social work.

I contacted Frances Sheldon, secretary of the Association of Hospice Social Workers, and she agreed to carry a research invitation in the next edition [January 1993] of the association's journal [see appendix Research Study Social Work Invitation].

I expected a response of 20 - 30 to this advertisement, with an attrition rate of 50 - 60% at this initial stage. My knowledge of previous studies led me to estimate that it was probable that the numbers would diminish at a similar rate during the assessment process, leaving a group which would be too small to yield a sufficient number of cases for the research sample. Therefore, I expected that it would be necessary to recruit another cohort of participants. If this were the case, then it would be possible to conduct a second recruitment wave in the early summer months of 1994 and I would be able to train the whole group in the autumn of that year.

I was pleasantly surprised to receive more than 50 responses from social workers based throughout England and Northern Ireland. There were no responses from social workers in Scotland or Wales.

Second stage: additional information

Respondents to the advertisement were sent a letter [see appendix Social Workers' First General Letter] which amplified the information in the advertisement and gave a more detailed account of what was planned in the research practice and the intended interview. Each participant was encouraged to contact me should they want to discuss any aspect of the research. Several people took up this offer and these conversations were helpful in dispelling concerns or clarifying areas of intended work. I expected the information in the letter to create momentum in the attrition rate but it did not bring the expected result. Only 10 [20%] of the original respondents decided not to pursue the research further and 40 continued to the assessment stage.

Third stage: the need to reconsider and adapt the interview process

The unexpectedly large number of respondents caused me to reconsider the assessment process. Financial and time constraints made it impossible to organise personal interviews with each one. A compromise needed to be struck between the ideal assessment of individual interviews and, in the light of the unexpectedly large numbers, a more realistic assessment process. After some consideration of the purposes of the former, balanced against the constraints of the latter, I decided to construct a detailed questionnaire which would collect data on the same areas of qualifications, experience and practice which the interview format would have covered and include a case study to test individual sensitivity to the bereaved child's experience.

The main disadvantage to this approach was that I would have no direct contact with each interviewee and would not be able to make a judgement about personal presentation or non-verbal skills. There was also the issue of how to present the

questionnaire which needed to include information on all aspects of practice and could be perceived as intimidating by its size and content. This last factor required careful consideration of how to phrase the questions so that the respondents did not feel they were being interrogated but were describing their practice and themselves.

Fourth stage: the assessment questionnaire

Having constructed the questionnaire with these principles in mind, I informed all the respondents by letter of the change of plan [see appendix Social Workers' Second General Letter] and enclosed a questionnaire [see appendix Social Workers Assessment Form] and a stamped addressed envelope. The form was eight pages in length and had twenty two items in total. The last section was a case study [see appendix Case Study: Jane's Story] : they were required to respond to it as if it were a referral and outline the approach taken and the reasoning behind their decisions.

Summary of the Recruitment Process

The recruitment and selection process was deliberately stringent in order to eliminate those respondents who were not genuinely committed to research or could be put off by the amount of work involved. By the end of this four stage process 50% of the respondents had withdrawn leaving a group of 20 social workers, all of whom completed the assessment forms and returned them to me by post. On the strength of the overall process to this stage I estimated the final case sample [see appendix Anticipated Sample]. After returning the forms, and before the groups were constructed, two more withdrew, leaving a final group of 18 social workers. I estimated that a group of this size could be expected to produce enough cases for the study and that a second recruitment sweep would not be necessary.

Assessment of the Social Workers

During the process in which the 50% attrition occurred I had several telephone conversations with almost all of the final group. As a result of these conversations I

formed some opinions about each one. In order to reduce any personal influence on the assessment process, the respondents were first listed in alphabetical order by surname. Individual identities were still obvious so I converted the letters to numbers which achieved a satisfactory degree of anonymity [see appendix Assessment Order]. The manner in which the assessment procedure was conducted is discussed below.

The Assessment Process: Scoring Criteria

The assessment form was constructed in six sections, each of which concentrated on different aspects of professional experience and practice. The sixth section was comprised of a case study which the respondents were asked to read and respond to as if it were a referral [see appendix Social Workers Assessment Form].

The separate items in each section were analysed by the criteria described in the text below and rated on a scale of 0 to 5. The responses were totalled and scored by section. Two sections [2 & 5] were divided and scored by subsections and totals [see appendix Social Workers Assessment : Whole Scores].

Those respondents who scored below the median in any one section were noted [see appendix Below Median Scores] and in this manner a profile of each respondent was developed. The data enabled the construction of pairs matched by overall score and frequency of below median scores [see appendix Matched Pairs]. These pairs were then randomly assigned to one or other group thereby creating balanced groups of matched pairs.

Section 1: Experience and qualifications

Background experience: each respondent was required to have spent a minimum of two years in her current post or had an equivalent level of experience in related work. All those who fulfilled this requirement were awarded a score of 5. Only one respondent [number 3] had spent less than two years in post. She had been a child care practitioner for 18 years and her experience in the field was judged to compensate for

the lack of hospice experience.

Range of experience: length and range of experience was assessed. Most respondents had held two or three posts in social service departments or medical settings, each one lasting three or four years. Only one [number 16] had no previous experience of social work before gaining her hospice post but had been in post for 5 years. She necessarily scored 0 on this item.

Qualifications: respondents were assessed on the relevance of their academic qualifications to social work practice. Courses which resulted in a C.Q.S.W. or equivalent were scored 5. Other qualifications were evaluated for their relevance to social work.

Recent training courses: respondents were asked to list recent bereavement training courses and rate them from 1- 5, with '1' as poor, and '5' as very good. A score was devised to reflect the number of courses attended in the past three years and the respondents' assessments of their value. This was combined with extra values for courses which the social workers organised or participated in themselves. This latter element was taken as indicative of initiative and commitment to further learning.

The maximum possible score for this section was 5:

7 scored 5
5 scored 4
4 scored 3
2 scored 1

Summary

These four items formed the first section of the assessment. The maximum score possible was 20 [see appendix Assessment: Section 1].

4 scored 20
4 scored 19
5 scored 18
2 scored 17
1 scored 16
1 scored 14
1 scored 13

Of the 18 respondents 14 scored between 16 - 20. Respondents 3 and 16 achieved scores below the main group although not low enough to exclude them from the study or to warrant special consideration. The minor deviation was noted and accommodated in the matching procedure.

SECTION 2 : Current Practice

[a] Counselling bereaved parents: the term 'bereaved parent' in the first question was unhelpful and caused some confusion. Some social workers thought it referred to adults bereaved of a child rather than adults who were parents of dependent children and had been bereaved of a partner. Subsequent questions in the section drew contradictory data because, as was revealed later, the former definition had been assumed rather than the latter. In order to clarify matters I contacted those for whom this seemed to be the case. These conversations revealed the discrepancy in the data was caused by the ambiguity of the term 'bereaved parent'. Once this was clarified, I was able to discuss this item with the social workers and construct a more accurate and coherent description of their current practice.

The purpose of the first item [How long have you been involved in this area of work?] was to check that the respondents' practice was primarily involved with bereavement counselling. As the respondents were expected to spend the majority of their time in counselling work, the figure here was expected to correspond with that for the years of service.

Caseload size, combined with the frequency and extent of contact over time, were considered to be significant factors in assessing the nature of the social worker's practice. Each element was scored accordingly.

These two items formed the second section of the assessment. The maximum score possible was 10 [see appendix Assessment : Section 2a]

14 scored 10
3 scored 8
1 scored 6

The scores from this section were assessed in conjunction with those from the next section in order to determine the appropriateness of their current practice in relation to the research study. This data would identify any disparity between the two, thereby indicating the need to investigate further the issue of good practice.

[b] Playwork with children: this section concentrated on respondents' current experience of working with children. The data from this section served two purposes; firstly, it afforded an assessment of everyday practice and secondly it yielded data which would be the factual basis for ethical considerations relating to the research study's need for relatively inexperienced social workers to work with bereaved children.

The number of children with whom respondents were involved currently was taken into account. This element was not given a score because the nature of referrals varies and a larger overview was considered to provide a more accurate description of current and expected practice.

The respondents' practice was assessed by the number of times a child was seen on average, the frequency of contact and the setting in which the work was done, all of which were considered to be significant descriptive elements and were scored accordingly. These three items formed the second element of the second section of the assessment. The maximum score possible was 15 [see appendix Assessment:Section 2b].

7 scored 15
1 scored 14
1 scored 12
1 scored 9
8 scored 0

The respondents who scored 0 were numbers 4, 6, 7, 9, 12, 13,14 &15. Within this group two [6 &7] had lower scores than the rest in the previous section.

The scores for both sections were totalled. The maximum possible score was 25 [see appendix Assessment: Section 2. Total scores]:

6 scored 25
1 scored 24
1 scored 23
1 scored 20
1 scored 19
6 scored 10
1 scored 8
1 scored 6

Summary

The data highlighted the status of respondents 6 and 7 who had scored consistently lower in both sections than their colleagues. There were two distinct sections within the combined scores :

10 scored < 19
8 scored > 10

The respondents in the lower scoring group were the same as those who scored 0 in the second section.

The ethical issue of responsible practice with vulnerable children

The ethical issue of responsible practice which had been anticipated in the design stage of the research study was confirmed by this data. Careful consideration needed to be given to the balance between ethical practice and the requirements the research study. The main focus of this discussion rested on the appropriateness of involving relatively inexperienced social workers with vulnerable children, combined with the need to construct balanced groups in order to accommodate the variable of experienced practitioners influencing the outcome.

The data had revealed that there was no difference by qualification and no appreciable difference by current practice or caseload, but there was a distinct difference by experience of playwork with children. This had been expected and, whilst the research study was designed so that the work with the children allowed for a degree of personal style, the nature of the practice was largely prescribed by the structure of the playwork book. The practical provisions for each session were described in the accompanying handbook and the context of the relationship defined within the principles laid out in the document Creating The Secure Environment [see appendix

Creating The Secure Environment]. The structured design of the intervention, in conjunction with the two day training course and my offer of consultation and/or supervision were integral to the overall design of the intervention. These were judged to provide adequate safeguards against the incidence of borderline or merely satisfactory practice, to provide a supportive framework for those social workers who were relatively inexperienced in working with children and thereby enable them to conduct responsible practice within the structure of the research study. Therefore, because of these provisions, it would be possible to construct pairs matched by levels of experience and allocate them equally between the two groups.

SECTION 3 : Liaison with other agencies

This section focused on the respondents' experiences of working with schools and other agencies. The data served to illuminate an aspect of practice which would be called upon within the research work of both groups and to ensure that the main responsibility of practice did not lie within the administration of welfare benefits, as is the case for some hospice social workers.

The general experience of contact with schools and attitudes of teachers was explored. The reasons behind contacting other agencies was examined, as were the resulting collaborations. Finally the amount of time spent involved with welfare benefits was examined.

The first two items were awarded scores of 5 if the reported experiences were positive. The third item was awarded a score of 5 if it constituted less than 10% of the social worker's overall practice. These items constituted the score for the third section of the assessment. The maximum score possible was 15 [see appendix Assessment Section 3]:

6 scored 15
3 scored 14
3 scored 13
3 scored 12
1 scored 11
2 scored 7

The majority of the group scored 11 and above. The two who scored below the main group were respondents 5 and 7. It was noted that this was the third time that respondent 7 had scored below the median.

SECTION 4 : Recording and supervision

This section was in two parts. The first part considered recording practice and the second the nature of supervision.

The research study required a commitment to recording which I suspected was beyond the usual practice of most social workers. It was important to the success of the study to determine variations in levels of recording across the whole group. I was aware that some social workers might feel they should report a higher level of recording than was actually the case, therefore it was important to construct this question carefully, avoiding judgemental or prescriptive terms.

The second item in this section referred to the frequency and value of supervision within the establishment or independently of the hospice. Supervision is recognised as an essential element in the ability of a social worker to manage the day to day stresses of the work and progress in her practice. I anticipated that the level and quality might vary across the group and could be a significant factor within the assessment.

The element of independent supervision was included in recognition of hospice social worker's position in a predominantly medical establishment which, because of its nature, could be unable to provide supervision. The willingness of the social worker to ask for external supervision, and/or the hospice to provide such a service, was considered to be evidence of good practice and therefore a significant feature.

The third item examined the responsibility the respondent might have to provide supervision for other social workers or volunteers within the hospice. The provision of supervision by the social worker was evaluated as indicative of the hospice culture.

These four items constituted the score for the fourth section of the assessment. The maximum score possible was 20 [see appendix Assessment Section 4]

1 scored 20
3 scored 18
1 scored 15
1 scored 14
1 scored 13
1 scored 11
1 scored 10
1 scored 9
2 scored 8
1 scored 6
2 scored 4
3 scored 3

Most of the social workers kept records of some sort although the quality varied from notes, often referred to as 'aides memoires', to structured formats which constituted comprehensive records.

The data revealed that the quality of supervision provided within or out with the establishment was patchy and on the whole unsatisfactory. Of the 18 respondents only 5 were in the top 25% of the range and could be considered to be receiving satisfactory supervision, or were in an establishment which recognised the value of supervision.

It appeared that 9 of the social workers [scores of >10] effectively managed their practice without any appreciable professional support. Their responses also indicated that the medical establishment did not consider supervision to be of value and did not intend to respond to requests from them to make any provision externally:

Summary

Although variation in the level of recording had been expected and was confirmed by the data, the range of variation in supervision had not been expected. This variable needed to be accommodated in matching the pairs and constructing the groups.

SECTION 5 : Current Literature and Practice

[a] Current literature: the items in this section collected information on the

respondents genuine commitment to learning within practice. This was assessed by two means. Firstly by the availability of professional journals within the hospice. Knowledge of the presence of journals or a declared interest in having them provided was considered a positive indicator of commitment in this area.

The second item explored a more general attitude to continuing learning, in particular the willingness to maintain an interest in the relevant literature and its application to practice.

The maximum score possible for this section was 10 [see appendix Assessment Section 5a].

1 scored 9
2 scored 8
1 scored 7
3 scored 6
2 scored 5
2 scored 4
2 scored 3
1 scored 2
4 scored 1

The lowest scoring band of 1 - 3 included respondents 7, 8, 11, 18, 1, 13 and 15 in that ordinal sequence. Only half the group scored above 5 and almost a third were effectively disinterested in keeping up with practice literature of any sort. Those who were committed to learning tended to do more reading in their own time and of their own literature, rather than in work time and literature supplied by the hospice. Thus the hypothesis that a genuine commitment to continuing learning is evidenced in individual taking the initiative was supported.

[b] Current practice: the third item was an open question which allowed the respondent to describe aspects of her practice which either had not been addressed in the previous sections or had not been given sufficient weight. The respondent was encouraged to review the data included and ensure that this gave a balanced view of her responsibilities and experience.

The responses in this section were evaluated for elements of existing practice which were relevant to the content of the research intervention or which demonstrated initiative on the respondent's part to the needs of children.

The maximum score possible for this section was 5 [see appendix Assessment Section 5b].

7 scored 5
2 scored 4
5 scored 3
2 scored 2
2 scored 0

The lowest scoring band of 0 - 2 included respondents 6, 8, 3 and 7.

The overall maximum possible score for this section was 15 [see appendix Assessment Section 5 Total scores]

1 scored 14
1 scored 13
1 scored 12
2 scored 11
3 scored 10
2 scored 8
3 scored 6
1 scored 5
2 scored 4
1 scored 3
1 scored 1

The lowest scoring band of 1 - 4 included respondents 8, 7, 11 and 17 in that ordinal sequence.

SECTION 6 : Case study

The last section was comprised of a case study accompanied by a family tree [see appendix Case Study: Jane's Story]. The respondents were asked to assess the primary concerns and how they could be approached. They were encouraged to relate the issues in the written material to their own experiences and draw comparisons.

A score of 1 was awarded to each of the following factors :

- i] the quality of structured thinking evident in the preparation
- ii] the evidence of assessment of resources available to the family

- iii] the degree to which child-centred practice was demonstrated in the stated approach
- iv] the quality of the vocabulary chosen to describe the child's experience was analysed for non-judgemental terminology as an indicator of a genuinely child-centred approach
- v] the detail and depth of consideration apparent in the answer

The maximum score possible was 5 [see appendix Assessment Section 6].

10 scored 5
 2 scored 4
 3 scored 3
 1 scored 2
 2 scored 0

Summary

The majority [15] scored 3 or more demonstrating a satisfactory level of sensitivity to and compatibility with the practice of the research study's model of intervention.

The respondent who scored 2 intended to refer Jane to a psychiatrist and have little further contact with her. She described no distinct theoretical construct or plan of approach in her answer.

The respondents who scored 0 [3 & 7] did not complete this exercise. Respondent number 3 wrote on the form :“ Sorry - I do not have time to do this exercise.” Number 7 did not return the sheet. There is a possibility that the page containing the question about the case study had become detached from the body of the form and could have been mislaid. If this had happened then the case study would have been included with no explanation about its purpose. The social worker did not contact me to enquire about this.

Summary of the Assessment Process

The responses were evaluated item by item. Collective scores for each section of the assessment were awarded. The scores for each respondent were tabulated and comparisons made by section and by total.

Constructing Matched Pairs of Social Workers

Those respondents who scored below the median were noted and a profile of each one was collated in the following manner. The number of below median items was totalled and this body of data formed part of the basis of the matching process [see appendix Below Median Scores]. In order to double check the validity of this reasoning, the below median scores were compared to the whole scores . Two minor inconsistencies were revealed by this process and the ordinal positions of the respondents were adjusted to accommodate those slight variations [see appendix Matched Pairs]. The pairs formed by this procedure were as follows :

	<u>Respondent No.s</u>	
Pair 1 :	6	7
Pair 2 :	8	15
Pair 3 :	3	5
Pair 4 :	9	14
Pair 5 :	1	13
Pair 6 :	11	12
Pair 7 :	4	18
Pair 8 :	2	16
Pair 9 :	10	17

The pairs were then randomly assigned to a group with the following outcome [see appendix Balanced Groups].

<u>Experimental</u>	<u>Control</u>
16	2
3	5
18	4
8	15
9	14
1	13
12	11
6	7
10	17

The participants were informed of their group allocation by letter.

Expedient Considerations

Respondent 2 complained about being allocated to the control group. She argued that she was very experienced and had therefore expected to be in the experimental group. I explained the value of her contribution to the research in using her expertise as a balancing agent within the larger study. My recognition of her expertise and the

altruistic argument seemed to assuage her anger, mollify her disappointment and satisfy her need to be appreciated. She remained in the control group.

Respondent 17 contacted me to complain about being allocated to the control group. Like the previous respondent, she too felt that this was a slight upon her expertise. Although she professed to understand the need for balanced groups, it was apparent from the tenor of the conversation that she was affronted by her research status and implied that she would not complete a control case. I spent a long time on the telephone with her and asked her to reconsider her view in the light of the study's needs and suggested I called her the following day. When I did she said she still felt there was little purpose to be served in her doing standard counselling when her skills lay in direct work. The larger purpose of the research was not a sufficient reason for her to compromise on this matter. It was obvious from her manner that she was not prepared to accept her control group status.

Respondent 17 had one of the two highest scores in the assessment. If she had been in the middle band it would not have been quite so problematic but, because of her high score throughout, I was aware that to change her allocation would jeopardise the integrity of the groups' balance. I had to decide whether it was better to stick to the principle of the groups' construction and risk not getting the cases I needed, or compromise the balance in order to satisfy the data requirements. I reasoned that because she was the exception, having already managed to hold respondent 2 to her group status, and because I anticipated that it would be more difficult to get social workers to do the experimental cases than the control cases, I should allow her to go into the experimental group and accept the imbalance that created. This was agreed.

Respondent 9 then contacted me to say she could only participate in the research if she were placed in the control group. She gave the pressure of work as her reason for not being able to complete an experimental case. She had mentioned this on her form but the assessment and random allocation process could not take stated preference into

account. She persistently stated during our telephone conversation that she could not take on any direct work with children in the foreseeable future. The assessment data revealed that this social worker had no previous experience of direct work with children. It was a distinct possibility that she felt too threatened by the notion of working with children within the context of the research which, for an inexperienced worker could be perceived to be more a matter of scrutiny than support. In the interests of the research it seemed expedient to reassign her to the control group which I did.

It was expedient in the circumstances to relocate these last two because little purpose would have been served by refusing to do so. It was highly probable that neither would have completed any cases in their original groups, which would have been contrary to the purposes of the research. These three incidents made me aware that there was a strong possibility that the social workers had personal agendas within the research which could present some management difficulties.

As a result of these events and the consequent decisions, the necessary changes were made and the groups were finally settled as below [see appendix Research Pairs] :

<u>Experimental</u>	<u>Control</u>
6	7
8	15
3	5
17	14
1	13
12	11
18	4
16	2
10	9

Summary of constructing matched pairs

The assessment had pursued a rigorous process similar to the recruitment and selection process before it. It had been necessary to make some minor adjustments in order to achieve the intended outcome of matched pairs and balanced groups.

Developing the Research Design

The process to this point was as follows:

Advertised in Journal of Hospice Social Work :	180 members
Responded to advertisement	50+
Proceeded to assessment stage	40
Proceeded to group allocation	20
Proceeded to training	20
Came to training	18

Anticipated Sample

On the basis of the numbers that were expected to attend the training sessions, I made the following calculations:

	<u>Control Cases</u>	<u>Experimental Cases</u>
C Group	20	10
E Group	10	20
Total	<u>30</u>	<u>30</u>

I anticipated that control group social workers would conduct two cases, each one lasting twelve weeks. After nine months they would be offered extra training and transfer into the experimental group when they would conduct one experimental case.

The experimental group was expected to conduct two experimental cases, each one lasting twelve weeks and carry one control case.

The final sample was expected to be 20-30 cases in each group.

Training the Social Workers

Practical arrangements and funding

I wrote to each of the social workers in both groups to offer training at York University during October 1993 [see appendices Control Group Training Letter and Experimental Group Training Letter]. In order to avoid any attrition of the numbers

for training-related reasons, I offered to pay all their travel expenses through my Barnardo's research budget if the hospices were unable to meet the costs. This offer was taken up by everyone in both groups except for one who was based near to York.

The control group had one day's training and the experimental group had two days. Some social workers in the control group had to travel considerable distances and were accommodated at Derwent College overnight before the training day. The experimental group were accommodated in college for two nights. All the accommodation and meals for both groups were funded by Barnardo's.

The training was conducted in a step by step progression, each step accompanied by written material kept in a ring-binder file which I provided for each social worker. This manner of training meant that note-taking was kept to a minimum and a freer conversation could develop than would otherwise have been possible.

After the training, each social worker was offered regular supervision by telephone and a visit to discuss practice issues if that was wanted.

The need to provide delayed training

Three social workers in the control group and two in the experimental group were unable to come to the October training days. Delayed training was provided for the control group members in London, at Friends' House, Euston Road in January 1994. Of the two experimental group workers one decided not to pursue the research study and the other attended training in Newcastle in January 1994. Although the training was held in different venues, in order to achieve uniformity I conducted it in exactly the same manner, regardless of the setting or the numbers attending. This was a conscious decision on my part which I explained to the social workers and used as a means to impress upon them the need for uniformity and professional discipline throughout the study. Once again all the social workers' expenses were met by Barnardo's.

The informal or social element to the training days

The social workers used the breaks and meal times to discuss shared professional concerns and research related issues. The experimental group had more opportunities than the control group by the mere fact that they had one or two extra nights together. Some of the experimental group went out into York together during the first evening and we all went out together on the second night. There was an easy social atmosphere among both groups.

Summary of the training process

There had been many difficulties in funding and organising the training. It had been a long process which was only finalised when the last experimental worker was trained on her own in Newcastle three months after the first control group training had been completed.

Summary

A body of social workers, defined by the agency and relative coherence of their practice, was identified and became the focus of recruitment. The social workers were carefully and stringently assessed over a period of time for both eligibility and commitment. The final group was arranged by various factor scores into balanced pairs and randomly assigned to one or other of the groups. A final sample of cases was estimated on the basis of the numbers of social workers involved.

Each group was trained in the research methodology and equipped with all the materials needed for the work.

Conclusion

I had attempted to accommodate all the ethical, practical and academic considerations within the constraints of time and funding. The social workers had been carefully screened and prepared for the requirements of the research practice. It had developed into a lengthier experience than I had anticipated but the size of the anticipated sample

supported the need for investing both the time and funding it had involved.

In the following section I elaborate upon the training provided and the manner in which the structure of the practice and discipline of the research was embodied in the use of the research materials provided for each research group.

RESEARCH STUDY : SOCIAL WORK INTERVENTION WITH BEREAVED CHILDREN

Peta Hemmings is a senior practitioner with Barnardo's Orchard Project. She has worked in a hospice and, currently in the community with families who are affected by serious illness or bereavement. She has designed a therapeutic board game, called All About Me, which is used widely in work with young children who are experiencing emotional problems. She lectures on the subject of children and bereavement in this country and abroad.

Peta is currently engaged in doctoral research into the effects of a particular model of social work intervention with bereaved children, and is wanting to recruit hospice social workers who would be interested in participating in the research study, which it is hoped will be conducted between April 1993 and January 1994. Participants would be expected to apply the model of work with only one family within their caseload. A control group, which will follow the traditional pattern of intervention, will operate alongside the research group.

THE PROPOSAL

During my time as a hospice social worker it seemed that there was a traditional model of work with bereaved families which concentrated upon counselling the bereaved parent. The expectation was that the children would, indirectly, benefit from this support. For many families this is indeed the most effective method of work. However, there are some families for whom this is not effective and the children's distress at their loss is not addressed adequately.

I propose to explore a model of work, which I have found to be very effective in such instances. The model is founded on attachment theory principles and focuses upon establishing a secure environment for the child. I feel that it is the quality, and extent of the security the child feels, which enables them to initiate and sustain their mourning.

The study will focus upon working with families where a child, aged between six and ten years, has been bereaved of a parent through cancer and appears to be unable to engage with the mourning process. The aim of the intervention is to enhance the quality of security within the child's relationship with their parent and to develop a greater sense of security within their school environment. It is proposed that by creating a more empathic setting, the child will be enabled to engage in their mourning.

Those social workers who participate in the research will be offered training in the overall model of work and in the use of the research measures employed. They will also be given training in play work with children and be provided with some of the materials to be used in this work, including a copy of All About Me. They will be offered regular supervision of that particular piece of work. It is hoped that there will be the opportunity to review the experience of being involved in the study with their fellow participants when it is completed.

This has been a very brief outline of the proposed work so, if there is anything you would like to know about in greater detail, please get in touch with me. My work telephone number is: 0191-281-5024. If you are interested in being part of the study, please complete the slip below, and send it to me at the following address: Peta Hemmings, Orchard Project, Barnardo's, Orchard House, Jesmond, Newcastle NE2 2JQ.

Name.....
Address.....
.....Tel. number.....

Social Workers' First General Letter

11th. March 1993

Dear _____,

Thank you for responding to the request for participants in the research study. The general response has been very encouraging, and I now have a spread of colleagues, throughout the country, who are interested in being part of this piece of work. As the initial invitation could only outline the proposed work, I thought that you might like to have a little more detail about what the study involves. —

As you are probably aware, a valid research study requires two groups; one which is involved in testing the proposed model of work, and the other which acts as a control. Both are equally important in providing reliable data, and need to be matched to control for certain variables. Consequently, you will be asked to belong to one or the other, according to certain research criteria.

It is also necessary to control the number of variables involved within the research sample. So, although like you, I work with children of all ages who have been bereaved in a variety of ways, the research study will need to focus on a particular type of child, in a certain set of circumstances. That is why I stipulated in the invitation that participant social workers would be asked to use the research model with only one family where a six to ten-year-old child has been bereaved of a parent through cancer. The child will need to be of normal intelligence, in that they are attending a normal school. The child may be one of a sibling group, but although the other children in the family may be experiencing some problems, the referred child is the only one who will be engaged in the work in the prescribed way. The reason this child becomes the referred child, as it were, is because they are the one who is exhibiting the clearest and/or highest levels of anxiety, either at home or at school, or in both settings.

In order to draw some reasonable boundaries around the family, I have decided to exclude families where there is a history of psychiatric illness or personality disorder. That limit has been drawn because of the model's need to use the child's parent and other personal resources in the course of the work. Once again, this does not mean that the model of work is limited to those families where there is complete mental health, but it helps the purposes of the research that this variable is controlled.

I have also decided to limit the work to families where the father has died, leaving the child's natural mother as the caretaking parent. The reason I have chosen this combination is that there are a number of practical differences that result from the death of a mother. There are differences that relate to the financial matters, the levels of involvement in shared caring for the children and recognised differences in the quality of emotional communication between surviving fathers and their children. All these added variables would unnecessarily complicate the research. That is not to say that this model of work can not be applied to motherless families, just that it is not helpful to include them in this sample.

— That list makes it sound like there are a whole load of exclusions, but, in a more ———
positive light, what it does mean is that we will be looking at working with widowed mothers and their six to ten-year-old children, whose fathers have died from cancer. These will be families which have reasonable emotional resources available to the child, and with the referred child being able to use those people around them for the support they need.

The traditional model of work in these circumstances would focus upon working with the surviving parent, in the expectation that the benefits derived from this counselling relationship would be passed on to the children. However, research and experience indicates that this is not always the case. Anxious, bereaved children often learn to suppress their worries in the interests of family unity and/or through loyalty to their surviving parent. In these circumstances, the child's mourning is inhibited and that has both immediate and longer term implications for the child's healthy development. The difficulty for us as social workers is to know what to do in these circumstances.

In the past I have been concerned that direct intervention at a time when parents often have diminished self-esteem may lead them to feel even more de-skilled. This in turn could have implications for the quality of their relationship with their anxious child. A very delicate and diplomatic balance has to be struck between the presenting needs of the child and the longer-term aims of intervention. However, the model I have developed seems to avoid these negative side-effects and promotes the best outcome for the child. It is also provides an immensely rewarding experience for the worker.

The work has three main foci: the referred child, the surviving parent, and the child's school. The ultimate aim is to create a more secure and sensitive environment for the child, so enabling them to embark upon their mourning more fully. In order to do this, the surviving parent and the school are engaged in the work of constructing safe and caring settings for the child. The parent is offered the counselling support of the social

worker. The form teacher, and other significant members of the school's staff have regular contact with the parent and, from time to time, with the social worker as well. The social worker also sees the child for a limited number of play sessions. This pattern of work helps to develop an empathic environment for the child, involving all the most influential people in their world at a time of greatest need.

This may sound like quite a tall order. Seeing it condensed into one or two paragraphs may even make it seem a little intimidating, but don't let the concentrated detail put you off. It breaks down into a very manageable, structured piece of work, which can be helpfully assessed as it progresses. There will also be ample opportunity to discuss any concerns, both during the training days and throughout the course of the research time. I will be sending you a form, within the next week or so, which will ask you about your experience of working in this area, and about the nature of your work at present. If you want to discuss anything with me as a result of this letter, or just because it would be nice to have a chat, please do call me (0191-281-5024).

Thanks once again for your interest in this study and I look forward to hearing from you, and meeting you in the near future.

My best wishes,

Peta Hemmings.
Senior Practitioner : Barnardo's

Social Workers' Second General Letter

5th. April 1993

Dear ,

The number of responses to the research invitation has been surprising and very encouraging. I have received almost twice as many as I had anticipated and this has altered my view of the timetable for the study. Originally I had planned to conduct two research waves, with small groups of workers, but the numbers of people who are interested have made me reconsider this approach. It is now possible for the work to be achieved in one wave but starting later in the year, probably September, and continuing into the early months of next year. I can only hope that this change of plan will not alter your ability or willingness to be involved in the work. The nature of the research itself will not change, just the timing. If there are any difficulties as a result of this perhaps you give me a ring and we could discuss it.

Ideally I would have liked the opportunity before the training days to have met each of you, so we would get to know one another a little better. Sadly, that is not going to be possible. In the meantime however, I do need to have some background information about the nature of your work, in order to create balanced research groups. The form I have designed for that purpose, which is enclosed, may seem a little lengthy, but all the information is very important in constructing the two groups so please try to find the time to complete it and return it to me in the envelope provided. I hate filling in forms myself, so I can appreciate that it may be at the bottom of your list of tasks to do, but to get it back relatively quickly would be most helpful.

Several of the sections of the form refer to your practice experience and levels of support. I have also provided space at the end of the form for you to describe any aspect of your work which is not included, or to elaborate on any section which you feel you have not been able to describe in enough detail. All of this information is treated with the utmost confidentiality and will not be discussed with anyone, other than my academic supervisor, Dr. Celia Downes. The information will not be published as part of the thesis, although the data collected will be used, in a statistical form, to validate the construction of the research study.

The last part of the form is comprised of a case-study. I have outlined the circumstances surrounding the death of an eight-year-old girl's father. I would like you to consider her situation and describe how you would approach the problems presented if this were one of your cases. I am not wanting a detailed case analysis, but if you could put down a few of your thoughts about what are the priorities here, and how you would go about resolving the problems. If you have come across a similar case, perhaps you could briefly describe how you managed that situation.

All that sounds like a lot of work, and it probably will take a good half an hour to complete. However, the information the form provides is the foundation for all the research that is to come, so, from my point of view, it is time very well invested. I do appreciate the effort it asks of you and thank you in anticipation for making the time to do it.

I look forward to hearing from you and hope you have a very good Easter.

My best wishes,

Peta Hemmings.

Senior Practitioner: Barnardo's.

Social Workers Assessment Form [condensed]

NAME.....

HOW LONG HAVE YOU BEEN IN YOUR CURRENT POST?

WHAT PREVIOUS SOCIAL WORK POSTS HAVE YOU HELD?

DATES	EMPLOYER	POSITION HELD
.....
.....
.....

QUALIFICATIONS

Although paper qualifications are not always the best way to assess ability, they are useful indicators of experience and interests. To create the necessary balance in the groups, it would be helpful to have some idea of the academic background of each participant, and some information about each person's post-qualification, vocational training.

In this first section could you list any full-time, or part-time, formal education you have pursued after secondary school, the institutions attended, and the qualification obtained as a result of the courses.

COURSE TITLE	COURSE DATES	EDUCATIONAL ESTABLISHMENT	QUALIFICATION
.....
.....
.....

In this section could you list any training courses you have attended, which relate specifically to bereavement work. As the quality of these courses inevitably varies, could you also rate them from 1- 5, with '1' as poor, and '5' as very good.

COURSE TITLE	DATES	COURSE LEADERS	ORGANISING BODY	RATING
.....
.....

CURRENT PRACTICE.

The nature of social work posts is very varied. Although you currently work as a specialist, even the role of the hospice social worker varies from hospice to hospice, as I am sure you know. Therefore, it would be helpful to have some more detailed information about the nature of your current post. In the following section I would like you to describe certain parts of your work, which will be pertinent to the research

study. Some of the questions can not be answered exactly, because of the nature of the work. In these instances estimates, or averages, are the only reasonable response. This fits in with the overall aim of this section, which is to provide a sketch of your working situation, not a precisely detailed drawing.

1. COUNSELLING BEREAVED PARENTS.

How long have you been involved in this area of work?

How many cases do you currently manage?

What would you estimate is the frequency and extent of the contact you have with each client?

.....
.....
.....
.....

2. PLAY WORK WITH CHILDREN.

What experience have you had of direct play-work with young children (under 10 yrs.)? How many children have you worked with in this way?

.....
.....

How many times, on average did you see each child?

.....
.....

How frequently would you estimate you saw each child?

.....
.....

How and where were these sessions conducted?

.....
.....

3. WORKING WITH LOCAL SCHOOLS.

What has been your experience of the attitude in local primary schools to bereaved children? For example, have you been asked by teachers to give advice, or information about bereaved children in general, or one child in particular? Have you experienced any resistance to social work involvement in this area, or, has your specialist knowledge been welcomed by the teaching staff?

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.....
.....

4. OTHER AGENCIES.

How often, and for what reasons do you need to contact, and/or liaise with other agencies, (e.g. Social Services Departments, G.P. practices, voluntary organisations etc.), and how satisfactory have these collaborations been?

.....
.....
.....
.....

5.SOCIAL SECURITY BENEFITS.

How much of your time is taken up with organising Social Security benefits, and/or settling welfare rights issues?

.....
.....
.....

6. CASE RECORDING.

Although there is a need to keep a record of all work done, the depth of casework recording usually varies according to the nature of the work being done: some only need factual notes, whereas other pieces of work are so complex that detailed recording is essential if all the strands are to be kept together. Bearing this in mind, what types of recording do you find most helpful in your work and how difficult is it for you to find the time to do this? Perhaps you could briefly outline your practice in this area.

.....
.....
.....
.....
.....

7. SUPERVISION.

What arrangements, if any, do you have for receiving line management supervision? How frequently does this happen and of what value is it to you in your work?

.....
.....

What arrangements, if any, do you have for professional consultation, independent of your line management structure? How satisfactory is this arrangement?

.....
.....
.....

Are you responsible for providing supervision, on a formal basis, for any members of staff within the hospice?

.....
.....
.....

8. CURRENT LITERATURE.

What social work journals does your hospice receive regularly, and how relevant are they to your work?

.....
.....
.....

What opportunity is there, within your work time, to keep in touch with current social work and other relevant literature? (Have you read anything recently which you found particularly enlightening or helpful in your work?)

.....
.....
.....

9. Although this questionnaire has not attempted to explore all aspects of your work, you may feel that there has been an important part which has been overlooked. If so, then please use the following space to describe your work more accurately, so that I can have a more balanced view of your current responsibilities and experience.

.....
.....
.....
.....
.....

10. You will find a case study and family tree enclosed. Could you use this sheet to write your thoughts and comments on your approach to Jane's situation and possibly draw comparisons between this case and another you have been involved with.

.....
.....
.....
.....
.....

CASE STUDY : JANE'S STORY

Background Details

The Prior family lived in a well established mining village in County Durham. The pit had been the sole employer and the reason for the development of the community over the last one hundred years. Every small boy expected to leave school and work in the mine, just as his father had done before him. The girls tended to marry young, have babies and manage the households. Such was the pattern of village life, until the mining industry went into decline, and many of the men were laid off.

Over the years, the handful of families had married amongst themselves, absorbed a few outsiders, and established a solid network of interconnecting relationships, which was the infrastructure of the community.

Susan and her twin sister, Margaret, had courted and married two best friends, Graham and Bill. The couples saw each other regularly, and after they both became parents, they formed a strong, two-family alliance. They would spend most Saturday evenings together, round the television, and were in and out of each other's houses, as they only lived two streets away from each other. They all had frequent contact with the grandparents, except Robert, who had moved away to Manchester, to pursue his career in banking. He only returned twice a year for brief stays.

* * * * *

Jane's Story

Jane was eight-years-old when her father, Graham, died. He had been ill with cancer for six years but had only been seriously inhibited by his symptoms for the last seven or eight months of his life.

Jane was the younger of the daughters. Graham had been made redundant from the pit soon after she was born and Susan had then worked full-time in a local shop. So Graham became Jane's main caregiver. Elizabeth was at playgroup and then had a full-time place at nursery so Graham and Jane spent a lot of time in each other's company. They suited each other well and enjoyed doing everything together.

Jane developed into a lively little girl who was very sociable and enjoyed the company of others. She and Graham went everywhere together. She loved to sit next to him when he played his guitar and they both enjoyed swimming, gardening, going for walks in the countryside and fishing. Jane had her own fishing rod and they would spend summer

afternoons by the river, not really bothered if they caught anything, just enjoying the experience of being together. There was no pronounced sibling rivalry between the sisters as Elizabeth wanted very different things from her relationship with her father. The family sofa was big enough for them both to cuddle next to him when they watched children's television together.

When Jane was two-years-old Graham was diagnosed as having cancer. He became quite depressed and found it difficult to manage Jane who was a naturally boisterous toddler. She had been toilet trained by this time but reverted to using nappies because of the number of 'accidents' she had. When she did become dry again she was less reliable than she had been before.

Graham was offered a course of chemotherapy which was carried out over the next six months. It involved him being admitted to hospital for three or four days, for each of the six sessions. He experienced the usual side effects of hair-loss, sickness and weight-loss which are associated with the treatment.

Each of the first three times Susan's mother, Mary, came to look after Jane. After the third session, Mary's husband became acutely ill and died suddenly from a heart attack. The whole family were devastated by his death as he had been a pivotal member of the family. Graham's mother, Alice, took over Mary's job for the next three months but she was a cooler person and not as close to Jane as Mary. Jane developed an acute kidney infection which demanded careful nursing by Susan, who stopped work for the next six weeks. Susan was torn between caring for Jane, Graham and looking after her distraught mother. She too was deeply saddened by the loss of her father. It was a bleak time for the whole family.

By the time Jane had recovered from her illness, she was eligible to start at the local playgroup. However, when Graham took her there and tried to leave her, she became so distressed that he had to stay. Eventually he decided that there was so much going on in her life that she should not be put under any more pressure and abandoned the idea. Jane also had the same reaction to starting nursery school six months later, so she had never experienced an enforced separation away from home until she started school just before her fifth birthday. She had some difficulty establishing herself there, but eventually became reasonably happy and settled into the routine of the school day.

After the chemotherapy had finished and some months had passed, Graham began to get his old energy back and tests showed that the cancer had abated. When Jane came to start school Graham decided to enrol in a teacher training course, where he developed

into a first-rate student, so much so that he was offered a post at a local primary school for when he was qualified. Life really seemed to be picking up and the family thought that maybe the doctors had been wrong about cancer in the first place.

The summer after his course had finished Graham found a lump in his abdomen. Once again he was admitted for a course of chemotherapy. The cancer was found in a number of different sites and he was given a prognosis of about eighteen months to live. He had to resign from his job before he had started. Susan decided to give up work to look after the family. There was a marked shift in perspective within the family about the future.

Throughout the course of his illness, Graham and Susan had told the children what was happening and why. The word 'cancer' was used when referring to the illness and both the girls knew that it would shorten their dad's life. There had always been open discussion about the treatments and their side-effects. Nothing had been hidden from the girls. They had been encouraged to talk about how it made them feel and had been comforted in times of distress by both parents. Susan's sister had always been like a second mother to them, and their cousins were very much a part of their immediate family.

Graham never recovered his old vigour after this last set of treatment, and Jane was frightened by his appearance and his sickness. This time she had avoided visiting him in the hospital because she was even more frightened by the appearance of the other patients on the open ward, many of whom were very elderly and dying.

For the next six months Graham stayed quietly at home. Jane went to school. They bought a puppy, went on holiday with Bill and Margaret's family, had a good Christmas, all the things that other families do. Things seemed to be relatively all right, except that Graham was getting more aches than before. He was attending a local hospice out-patient clinic for symptom control and it was at one of these appointments that it was suggested he be admitted, so that these aches could be addressed in a more systematic way. Susan returned home without him. Jane became highly anxious and was only partially reassured when she spoke to him on the telephone. They visited that evening, but Jane would not go in; she was afraid that she would see more cadaverous patients. Graham came out of the ward to see her, and that was how they spent their first few visits, until Jane felt more comfortable about the hospice.

While Graham was there his condition deteriorated rapidly and the prognosis of months to live was changed to weeks. Understandably, Susan and he were appalled by this prospect but, after the initial shock had subsided, they determined to tell the children

and openly discuss everything with them as they had always done. Elizabeth heard the news and cried. Jane left the room as soon as they started the conversation. She repeatedly avoided the subject, until Elizabeth cornered her one day and forced her to hear it. Jane refused to visit Graham for next few days, but eventually returned. The last time the social worker saw them together there, she was lying on the bed beside him, singing along to his guitar-playing...just like the old days.

Graham went home and died ten days before Christmas. He was with all his family.

Jane decided she would not go to the Chapel of Rest, unlike her sister. Everyone went to the funeral and the church was packed by the whole village who all wanted to say good-bye to a very well-liked man. - - - - -

It was a bleak Christmas for all the family that year. Jane spent a lot of time walking the dog around the garden or lying silently on her bed. She did not go to any of the parties to which she had been invited. Elizabeth was very tearful from time to time, as was Susan. Margaret came round every day and the three of them wept together. Jane stayed in her room.

When the new school term started, on the first day Jane walked to school, arrived at the gates, turned round and walked straight home. Susan decided to keep her at home for the next few days. When she took her back the following week they got into the playground and when the bell went Jane clung to her mother's coat collar, sobbing and begging her not to leave her there. Susan, who was heart-broken at the death of Graham, had not the energy to resist her pleas.

When she tried to talk about going back to school again Jane manifested all the symptoms of the kidney infection she had had years ago. The G.P. conducted tests over the following ten days but drew a blank. She was taken to school but was as distressed as before. Her teacher was also upset to see her like that and together they thought it might be wise to seek some professional help for Jane.

Susan rang the social worker that day and they met early the next week.

Anticipated Sample

Developing The Research Design

Advertised in Journal of Hospice Social Work :	180 members
Responded to advertisement	50+
Proceeded to assessment stage	40
Proceeded to group allocation	20
Proceeded to training	20
Came to training	18

Anticipated Sample

	<u>Control Cases</u>	<u>Experimental Cases</u>
C Group	20	10
E Group	10	20
Total	<u>30</u>	<u>30</u>

Assessment Order

1	A1	Hilary Bolger
2	B1	Edwina Baher
3	B2	Ann Ball
4	B3	Julian Bond
5	C1	Caroline Clegg
6	C2	Ann Ferguson
7	C3	Celia Cooke
8	D1	Joan Davies
9	F1	Shirley Farrier
10	F2	Julia Franklin
11	H1	Susan Hawkins
12	J1	Alison Jones
13	M1	Joyce Maccabee
14	R1	Fiona Reed
15	S1	Susan Smith
16	S2	Mary Staveley
17	T1	Mary Turner
18	W1	Sheena Ward

Social Workers' Assessment : All Scores

	Section 1		Section 2a		Section 2b		Section 3		Section 3		Section 4		Section 4		Section 5		Section 5		Total
1	5	5	5	3	4	5	3	2	5	5	5	1	2	2	0	2	3	5	67
2	5	5	5	5	5	5	5	5	5	5	3	0	0	0	4	5	5	5	83
3	3	5	5	5	5	4	5	5	5	2	3	0	0	0	1	3	2	0	59
4	5	5	5	5	0	0	0	5	4	5	3	5	5	5	3	5	4	5	79
5	5	5	5	3	5	5	5	0	3	4	2	1	0	1	4	3	3	3	64
6	5	5	5	3	0	0	0	5	4	5	3	0	0	0	3	3	0	4	51
7	5	3	5	4	0	0	0	2	3	2	2	1	0	0	1	0	2	0	36
8	5	5	3	4	5	5	5	5	5	5	3	1	0	0	1	0	0	5	57
9	5	5	5	4	5	0	0	5	5	5	5	0	0	1	3	3	5	3	64
10	5	5	5	5	5	5	5	4	5	5	5	5	5	5	3	5	5	5	97
11	5	5	5	3	3	3	5	5	5	3	4	5	5	4	1	0	3	5	77
12	5	5	5	5	0	0	0	2	5	5	4	4	5	5	2	3	5	3	73
13	5	5	5	4	5	0	0	5	5	3	5	5	4	4	1	2	5	5	73
14	5	5	5	3	5	0	0	5	5	5	5	4	0	0	1	3	4	5	65
15	5	5	5	4	5	0	0	2	4	5	3	0	2	3	1	2	3	2	56
16	5	0	3	5	5	5	5	5	5	5	5	0	3	5	1	4	5	5	81
17	5	5	5	5	5	5	5	5	5	5	3	1	5	5	1	5	5	5	90
18	5	5	5	5	5	5	5	5	5	3	5	0	2	4	0	1	3	4	77

Below Median Scores

<u>Resp No.</u>	<u>Items in the assessment</u>									<u>Total</u>
1						*				1
2					*					1
3	*				*		*		*	4
4			*							1
5				*	*					2
6		*	*		*		*			4
7		*	*	*	*	*	*	*	*	8
8					*	*	*	*		4
9			*		*					2
10										0
11						*		*		2
12			*							1
13			*			*				2
14			*		*					2
15			*		*	*				3
16	*								*	2
17								*		1
18						*				1

Matched Pairs

<u>Resp</u> <u>no.</u>	<u>No. below</u> <u>median</u> <u>scores</u>	<u>Total</u> <u>scores</u>	<u>Ordinal</u> <u>position</u> <u>in sample</u>	<u>Pairs</u>
1	1	67	10	Pair 5
2	1	83	3	Pair 8
3	4	59	14	Pair 3
4	1	79	5	Pair 7
5	2	64	13	Pair 3
6	4	51	17	Pair 1
7	8	36	18	Pair 1
8	4	57	15	Pair 2
9	2	64	12	Pair 4
10	0	97	1	Pair 9
11	2	77	7	Pair 6
12	1	73	8	Pair 6
13	2	73	9	Pair 5
14	2	65	11	Pair 4
15	3	56	16	Pair 2
16	2	81	4	Pair 8
17	1	90	2	Pair 9
18	1	77	6	Pair 7

Balanced Groups

Experimental

6 Ann Ferguson
8 Joan Davies
3 Ann Ball
17 Mary Turner
1 Hilary Bolger
12 Alison Jones
18 Sheena Ward
16 Mary Staveley
10 Julia Franklin

Control

7 Celia Cooke
15 Susan Smith
5 Caroline Clegg
14 Fiona Reed
13 Joyce Maccabee
11 Susan Hawkins
4 Julian Bond
2 Edwina Baher
9 Shirley Farrier

Research Pairs

	Res No.	Score	Pair No.
1	7	36	1
2	6	51	1
3	15	56	2
4	8	57	2
5	3	59	3
6	5	64	3
7	9	64	4
8	14	65	4
9	1	67	5
10	13	73	5
11	12	73	6
12	11	77	6
13	18	77	7
14	4	79	7
15	16	81	8
16	2	83	8
17	17	90	9
18	10	97	9

Control Group Training Letter

Dear.....,

I hope everything is well with you. The plans for the research training days have now been finalised and I thought it would be helpful for you to have information about the location, timetable and other members of your group.

First, the location. We will be meeting at Derwent College which is situated at the head of the university lake, near to Heslington Hall. I have enclosed a rather lovely pictorial map of the campus and the college is clearly shown in the right hand section. There is a bus stop right by Derwent College and you can catch either a number four or five bus from outside the railway station to the university. The journey takes about fifteen or twenty minutes depending upon the traffic.

If you are travelling by car then I have arranged parking facilities in car park A, which is by the chemistry block just over the road from Derwent. If you are intending to use the car park you will need to display a Conference Parking Permit, which I have also enclosed.

Most people in your group are arriving the day before the actual training day and staying overnight. I will arrange a reception place in the college and be there from about 4.00 p.m. onwards to welcome you and show you to your room. I have arranged accommodation and dinner in college for that evening, so we will have a chance to get to know each other a little better before the course starts. For those of you who are staying overnight, breakfast will be provided the next morning. Morning coffee, lunch and afternoon tea will be provided for everyone. [Afternoon tea.....that sounds so civilised, something from a past age].

If you are not planning to stay overnight, then please come to Room D/130 anytime between 9.00 and 9.25 a.m. and I will meet you then and introduce you to the others in the group.

The training timetable will start on Tuesday, October 5th. at 9.30 a.m. and finish around 4.30 p.m.. Although it is quite a long day I think you will find it interesting. It is also a perfect opportunity to discuss our shared work and develop a conversation about common interests and problems.

I thought you might like to have a list of the social workers in your group before you come to York. Some people seem to know each other already and there may be some names you recognise from the hospice network.

Edwina Baher : Family Welfare Association, Manchester.

Caroline Clegg: Shropshire and Mid-Wales Hospice, Shropshire.

Celia Cooke: Countess Mountbatten House, Southampton.

Shirley Farrier: St. Catherine's Hospice, Preston.

Susan Hawkins: St. Luke's Hospice, Basildon, Essex.

Fiona Reed: Charles Clore Macmillan Day Unit, Newbury, Berkshire.

Susan Smith: Wakefield Hospice, Wakefield.

There are two other social workers who are unable to attend this day's training and will be given training later in the autumn. They are Julian Bond, who works at the Hospice At Home in Kent and Joyce Maccabee, who is based at Hayward House in Nottingham.

All the costs of accommodation and meals will be met by Barnardo's, but we would appreciate any contribution your agency can make toward these costs or your travelling expenses. We all know that times are tough for all social work agencies, so I don't really expect any great success with this and would encourage you not to spend too much time or energy pursuing it.

If you need Barnardo's to reimburse your travelling expenses, could you collect the necessary invoices from your travel agent, or keep any relevant receipts. I will be able to settle your account once I return to my Newcastle office the following week. I hope these arrangements will be satisfactory but do let me know if there any difficulties.

I am looking forward to meeting you and the rest of the group. I am sure it will be an interesting, stimulating and enjoyable day.

My best wishes,

Peta Hemmings.

Experimental Group Training Letter

Dear

I hope everything is well with you. The plans for the research training days are now finalised and I thought it would be helpful for you have some information about the location, timetable and other members of your group.

First, the location. We will be meeting at Derwent College, which is situated at the head of the university lake, near to Heslington Hall. I have enclosed a rather lovely pictorial map of the campus and the college is clearly shown on the right hand section. There is a bus stop right by Derwent College and you can catch either the number four or five bus, from outside the railway station to the university. The journey takes about fifteen or twenty minutes, depending upon the amount of tourist coaches clogging up the city roads. York is a very interesting and attractive city and you may want to take the opportunity to have a look round during your stay, depending upon the weather of course. [I can't say that I find anywhere is attractive enough to explore in pouring rain or freezing cold.]

If you are travelling by car then I have arranged parking facilities in car park A, which is by the chemistry block just over the road from Derwent College. If you are intending to use the car park then you will need to display a Conference Parking Permit, which I have enclosed with the map.

Most people in your group are arriving on the day before the first training day and staying overnight. I have arranged accommodation and dinner in college for that evening, so we will have a chance to get to know each other a little before the course starts. I will arrange a reception place in the college and be there from 4.00 p.m. onwards to welcome you and show you to your room. Breakfast will be available the following day, as will lunch and dinner.

The training timetable will start on Thursday 7th. October at 9.30 a.m. and finish at around 4.30 p.m.. It is quite a long day, although I think you will find it interesting and fun. The second day will follow a similar timetable, and will try to accommodate people's train times as much as possible.

I thought you might like to have a list of the social workers in your group before you come to York. Some people seem to know each other already and there may be some names you recognise from the hospice network.

Ann Ball: St. Margaret's Hospice, Taunton.
Hilary Bolger: Priscilla Bacon Lodge, Norfolk.
Joan Davies: Wisdom Hospice, Kent.
Ann Ferguson: The Northern Ireland Hospice, Belfast.
Julia Franklin: St. Barnabus' Hospice, West Sussex.
Alison Jones: Thames Valley Hospice, Berkshire.
Mary Turner: St. Richard's Hospice, Worcester.
Sheena Ward: Hospice Of Our Lady and St. John, Milton Keynes.

There are two other social workers who are unable to make these two days and will be given training later in the autumn. They are Gillian Ackerman who works at the Medway Hospital, Kent, and Mary Staveley from St. Nicholas' Hospice, Suffolk. All the costs of accommodation and meals will be met by Barnardo's, but we would appreciate any contribution your agency can make towards these costs, or your travelling expenses. We all know that times are tough for all social work agencies so I don't really expect too much and would not want you to spend a lot of time or energy pursuing it. If you need Barnardo's to reimburse your travelling expenses could you collect the necessary invoices from your travel agent and keep any relevant receipts. I will be able to settle your account once I return to my Newcastle office the following week. I hope these arrangements will be satisfactory, but do let me know if there are any difficulties.

I am looking forward to meeting you and the rest of the group. I am sure it will be an interesting, stimulating and enjoyable couple of days that we will all spend together.

My best wishes,

Peta Hemmings.

Section 1g

Research Meets The Real World : The Social Workers' Undisclosed Agendas

Introduction

The assessment and training procedures had been deliberately rigorous in the expectation that the process would eliminate those social workers who were only toying with the idea of being involved with research, or who were fulfilling other needs in applying. Therefore the final numbers in each group were expected to be committed individuals who either demonstrated their commitment further by attending the training, or were further committed to the overall project by that experience and provisions made for them within the training days.

The anticipated sample of 30 : 30 in each group was the optimum outcome when the research workers groups were 10 : 10 . This had to be reduced to 27 : 27 because of the loss of two social workers at the end of the assessment process. A statistical analysis could proceed with an anticipated sample of this size.

The timetable of events to this point was as follows [see appendix Research Timetable]:

1993

- January: Invitation to applicants published in *The Journal of Hospice Social Work* : 180 members. Proposed timetable for assessment, training and research practice April 1993 - January 1994.
- Feb. - April: 50+ responses to the invitation of whom 40 proceeded to the assessment stage, a rigorous process designed to test genuine commitment and filter out ineligible applicants.
- April - June Assessment process reduces the group to 20 either by choice or inertia. I estimate a study sample of 20-30 cases in each group.

- July:** Two more social workers drop out. Control and experimental groups constructed. Social workers informed of their research status. Three social workers object and two are reassigned.
- September:** Training dates arranged for participants at York. Delayed training necessary for some social workers in both groups [3 control & 1 experimental].
- October:** 5th. October - control group trained.
7th.- 8th. October - experimental group trained, additional day focuses on work with the child.
Two control cases started.
- November:** Delayed training arranged for January 1994 in London for control group members and Newcastle for experimental group member.
- December:** One experimental case started

1994

- January:** Completed training for last four social workers.

Post-training timetable

I expected that in the first few weeks after the training both groups would identify appropriate cases for the study and notify me. As the weeks passed I was aware that this was not happening with the frequency I had expected which was based on my knowledge of the social workers' caseloads. At the end of January I decided to call all those who had not identified a case to discover what was amiss. The timetable of events proceeded as follows:

1994

- January Called all social workers trained in first wave to enquire about referrals.
- February: Conversations indicated that the criteria of eligibility for the family were too prescriptive hence the lack of appropriate referrals.
- March: Reconsidered and adapted the referral criteria.
- April: Sent adapted criteria to social workers with letter acknowledging their contribution to the development of the research, the difficulty everyone seemed to have identifying suitable cases and my intention to call two weeks later.

The referral criteria were adapted to accommodate the social workers' experience of family structure. Telephone conversations revealed the consensus to be that most children in the patients' families did not live with both birth parents and this was preventing the social workers from recruiting for the sample. It seemed reasonable to adapt the criteria to accommodate what is a recognised feature of family structure. I therefore changed the criteria for the family to describe either parent as the 'psychological parent', which meant that the child must perceive the adult to be the parent whether or not there is a blood relationship. I sent the adapted criteria to the social workers, accompanied by a letter explaining the change and acknowledging their contribution to the research [see appendix Adapted Criteria for Referral: Letter]. If the referral criteria had been the problem it was now resolved and the cases could be expected to come in more readily.

Collecting the sample

During the next month no further cases emerged in either group. In May I again called all those social workers who had not yet taken up a referral. Each one expressed great concern that they were not working with a research family and several of them said

they felt a degree of guilt about it. I tried to reassure them that I understood that sometimes referrals come in waves and that it was not unusual for there to be a dearth of one sort or another for a while. This phenomenon had been anticipated and included in the training.

It was during this round of calls that I became aware of a *leitmotif* of pervasive resistance to the research practice within all the conversations. This feature was not exclusive or predominant in one or other group, but spread relatively evenly across both groups. As I was conducting these calls I was aware that the tone and manner of the conversations required careful management. I needed to strike a balance between being genuinely interested by the sudden lack of cases, and yet clear and unequivocal about each social worker's responsibility to the research. I was also aware that there was a possibility that the social workers were fabricating guilty feelings as a way of avoiding accepting personal responsibility for the lack of referrals. It was difficult to believe, in light of the known frequency of referrals prior to this period, that as soon as the research started there were suddenly no bereaved children within any of these fifteen hospices.

I continued to call each social worker who was not currently engaged in a research case every four to six weeks for the next year. I considered very carefully the vocabulary I used each time I called and avoided describing the research as 'mine', always referring to it in terms that defined it as a shared interest and for the greater good of bereaved children and their families.

Strategic responses to the research

I experienced a variety of responses to my enquiries about the lack of referrals which my supervisor, Dr. Downes, suggested were reminiscent of defence strategies. I found her concept particularly useful in elucidating and understanding what had prior to this point presented as baffling phenomena and have applied it as follows.

i] Avoidance - I rang every social worker who was not currently involved with a research case every four to six weeks. If I was unable to contact them at the time of calling, which was usually the case, I left messages with the hospice receptionist or on the social worker's answer-phone, but rarely were my calls returned.

In some instances I was told they were at a meeting, which was due to finish at a certain time. I would call back then to find they had gone out, even though they had been given the message asking them to call me. This could happen several times with the same social worker.

All the social workers had my work and home telephone numbers. They had been advised during the training that they could call me, whether or not I was at the office, and at any time during the day or evening. Those social workers who were currently engaged in working with a family did call me occasionally to discuss some minor difficulty or to clarify a matter of process. They called me at either place and at various times of the day or evening. In light of my unconditional availability and the way in which the working social workers used me as a resource for their practice, the silence from the others communicated a clear message : they were avoiding the research by avoiding me.

When I did contact a social worker, I experienced one or more of the following responses to the lack of referrals.

ii] Delegation - this was a response I received from one social worker in the experimental group [10] and two in the control group [5 & 7]. The following example is typical of the way in which this response developed and was managed.

In the experimental group, the most experienced and therefore the highest scoring social worker [10] in the assessment adopted this posture. I rang her repeatedly for several weeks without success. On the last occasion she left a message asking me to call

her at 9.00 p.m. at home, which I did. I understood there to be a degree of challenge in her appointing this relatively late hour for the call. I was aware that she was going to be on holiday for the next two weeks, so there was also an element of ultimatum from her.

We had a long conversation which began with her introducing a variety of subjects, none of which were related to the research [e.g. telling me she had used All About Me with an adult with learning disabilities, telling me about her new grandchild, asking about my health because she thought I was thinner when she had seen me lecturing a couple of weeks before etc.]. Once we had exhausted the peripheral topics, I asked about research cases.

She said that since the training, in spite of waiting and hoping for a referral, she had not had a single case which was appropriate for the research but she did have a colleague who was interested in joining the study. She switched the focus of the conversation to this colleague and resisted any attempt to re-direct it back to herself. The degree of determination with which she resisted my orchestration of the conversation lead me to conclude that she was displacing her responsibility to the research onto another. At that point in the research timetable it would have been possible to include the colleague and we discussed how that could be managed. I was aware at all times during this conversation that this was a smokescreen, obscuring the real purpose of the call, and pursued my purpose once the matter of the colleague had been settled.

Although the social worker said there had been a sudden dearth of relevant cases, it emerged that the colleague had recently taken two referrals which were ideal for the research. This, she felt, strengthened her argument for suggesting the colleague's inclusion. This could have been perceived to be a constructive suggestion had the social worker not been the Principal Social Worker in the hospice and therefore the manager of the team. It became clear that she had deliberately allocated two research cases to

someone else. It was also apparent that the social worker had little intention of doing the research work and, as I had little to lose, I was more persistent than I would usually have been.

I asked her if we could think about any borderline cases that might be possibilities. A review of her caseload revealed one appropriate case and another which was a strong possibility. The social worker professed surprise and said she would pursue them when she returned from holiday in two weeks. We agreed that I would ring her then.

When I did finally get in touch with her again, after trying for ten days; she said the case had not materialised although it was unclear exactly what had happened. She said there were no others available. I asked why she thought that there were so few referrals coming to her hospice, which was situated on the south coast and in a densely populated area. She replied that she thought they were all referred to a St. George's Hospital, in London. She professed surprise at not having thought of this before and said she would contact the oncology department there to see if that was the case and would call me once she had. [The message was clearly, ' Don't call me. I'll call you. '] We agreed that it would be interesting to find out.

There was no return call during the next month. Although the colleague was invited to contact me to discuss possible arrangements, she did not. Both these experiences supported the view that this was a displacement tactic and not a genuine or constructive measure.

The control group social worker [5] who adopted this approach was less explicit. Her reason for not having started a case was that she was expecting a new colleague.

Although she put this forward as a possible solution to the problem, it was unclear how this would resolve the difficulty of not finding the cases in the first instance.

The other control group worker [7] had completed one case but adopted a similar

stance, blaming a colleague's absence through sickness for not recruiting another. This reason was doubtful because the colleague had been absent during the work with the first case.

iii] Locating the problem within the work environment - three social workers in the experimental group [3, 6, & 18] and three in the control group [4, 11 & 14] responded to my enquiries by saying that there were so many problems within their hospice establishment that they were unable to concentrate on the research.

One social worker [6] in the experimental group said that there were establishment difficulties. The hospice management was in a state of flux and she felt she could not commit herself to the work when things around her were so uncertain. I reminded her that the management had endorsed and supported her involvement with the research and asked if that had changed. It had not, but the social worker insisted that there were other issues which stood in the way of her taking a referral. She felt she did not have adequate team support for the research. Her manner was such that I could only sympathise and not apply any explicit pressure. I was unconvinced by her reasoning and, on reflection, felt she was projecting her own unease about the work onto the hospice establishment. I suggested that the Playwork Book provided a highly supportive structure to the practice and that I would be available to discuss every session, before and after, if she wanted. I informed her that others called me whenever they wanted to discuss anything connected with the research and that she could do so too. I suggested I called again when things might have improved.

[In a general conversation with one of her colleagues, who I knew through non-research connections, the social work team was described as very supportive and with a strong, collective identity. She herself would have joined if she had not been about to start maternity leave. Although this is a different person's view, I felt it was worth bearing in mind.]

When I called the research worker three weeks later she said she still could not do the work because the colleague had left and the team was now understaffed. The management issues were being resolved but the team was under pressure to keep up with the referrals. Once again I felt that I had no option but to sympathise.

I had a chance conversation with a colleague who knew a member of this research social worker's team. She informed me that the research worker had had a number of referrals recently, several of which were wholly appropriate for the research. Although these referrals had been discussed within the team in terms of the research, she had decided not to involve them. It was suggested by the colleague that the research worker did not want to do the work. This raised the issue of what was her genuine motivation for enrolling in the research.

iv] Personal excuses - one social worker in each group [1 & 15] eventually responded by saying that there was too much going on in her life to commit herself to structured work. One claimed that her daughter's impending marriage made it impossible for her to concentrate on work and the second that her son's difficulties at school were pre-occupying her currently to the extent that she could not manage the research. They both stated that they would need to wait until things had become more manageable before they could commit themselves to the research work but this time never arrived, although the wedding came and went and the school crisis passed. It was significant that both explanations for not doing the work were wholly unconnected with the social worker's practice and peripheral to the research. I therefore felt justified in defining them as excuses rather than reasons.

v] Evasion - one social worker in each group [16 & 14] adopted this stance. The former [16] avoided my calls and, in the first year after the training, I only managed to contact her twice. On both occasions my calls were put through to her without the receptionist first asking who was calling, and on both occasions she professed to be looking diligently for cases. During our last conversation [January 1995] she was

evasive about her existing caseload and even more so about her practice. It was apparent by this stage that she was not going to produce a case, so I pursued the topic with more vigour than had previously been the case.

I enquired about her caseload to see if there were some borderline cases, but she said there were none. Although I found it a little distasteful, I enquired about the likelihood of one occurring from the out-patient clinic or in-patient beds. She was unaware of any patient who fulfilled the research criteria. This was particularly surprising because her caseload at assessment was 8 families with whom she routinely worked before the death and usually for 6 - 12 months afterwards. She had experience of working with 15 children under 10 years of age and in a manner similar to that of the research practice. All these factors made it very difficult to credit her current position.

I pursued matters a little further, asking whether she had seen any bereaved children since the research started one year ago. She told me that on reflection she did not see bereaved children because the way in which she prepared children for bereavement obviated the need for any bereavement work with families! This was a direct contradiction of the assessment data. I was interested in this model of intervention and asked her to describe it to me. She told me that she saw children for two sessions before the parent died and used four to six pages from an activities book. She then gave the book to the parents to use with the children and that solved all their problems.

I enquired whether she had published anything about her extremely effective practice but she had not. I asked her to return the research file and materials to me.

The second social worker [14] and I trawled through her caseload until we eventually identified a case which fitted the criteria perfectly. She was 'surprised' at the revelation and expressed relief that finally one had turned up. She agreed to approach the parent the following week. As agreed, she did visit the family, however she

demonstrated her resistance to the research by referring the child and parent to the local Child Guidance Unit, knowing that this would render them ineligible for the research.

An exceptional case - one social worker in the experimental group [8] said she was exhausted by hospice social work and needed a break, which was why she was not producing any cases. During our conversation she was very tense and clearly experiencing high levels of stress. I did not want to add to the pressure she was experiencing. I had been trying to contact her for two months prior to this call, during one month of which she had been on sick leave. She was about to go on a walking holiday in America for a month and felt she needed this break to sort herself out.

I called her two weeks after her return but she was still unsure about doing any research cases. She was still feeling overwhelmed by the pressure at work and it would have been wholly inappropriate to apply any further pressure at this time. She rang me one month later to say she had found her situation intolerable and could not see that it was going to improve, consequently she had tendered her resignation and would be leaving the hospice in the next few weeks. She was saddened by the experience and felt she had failed in some way but knew that her decision to go was the right one and felt some relief at having made it.

We discussed the possibility of her contributing to a follow-up study, which would explore what the experience of being involved with research meant to the social workers. She agreed to participate and returned the file and all the materials.

The invalidated case

One experimental case had been completed, after a fashion, but was eventually invalidated because of the manner in which the practice had been carried out and the way in which the instruments were completed. The social worker was very diffident during the training and throughout these days repeatedly made cool and mildly

disparaging remarks about the place of research within social work practice. However, she did express her commitment to this study as opposed to purely academic studies, and saw it as having a direct bearing upon her practice.

It was a small but irritating feature of our relationship that in our conversations during the training and for the following two years, she refused to pronounce my name correctly. Although it is something which I frequently encounter, I have never experienced anyone who persistently refused to accept my version in such a determined manner. Unlike the other group members, she continued to call me by her own version during the two training days. I drew attention to it on three occasions when we were speaking on the telephone after the training days, and she corrected herself the next time during that conversation that she said it, but then slipped back into her pronunciation. I cite here as a possible indicator of her more deep-seated resistance to the research as personified in me, a resistance which permeated her behaviour during the intervention.

When she returned the data it became apparent that she had not conducted the fourth session with the parent and child together; no reason was offered or given for this major oversight. Neither had she co-ordinated the final instruments. The absence of the fourth session could have been accommodated but the inconsistency in the completion of the instruments made the eventual data invalid. The timetable of events for this case was as follows.

November 1993	Referral taken and work started.
March 1994	Telephone call to social worker asking for data. Social worker says unable to find copies of instruments. Second set sent to her.
April	Avoids contact for two months.

June	Can not find the instruments because can not find research file.
July	Several calls: she finds the file but the final stage instruments are not yet completed. Social worker takes them to the school. She does not complete them with the teacher but leaves them there. School breaks up but no instruments returned.
August	Social worker on holiday.
September	The social worker asked me if I would write directly to the teacher as she did not have time to go to the school again. I sent the forms and a letter to the teacher asking her to complete them for the child in question. The teacher completed all the instruments but for the child's younger sibling.
October	The social worker agreed to fill the instruments in with the teacher, which she did, but omitted the Child Behaviours Checklist. The parent also completed the Rutter A [2] but not the Child Behaviours Checklist. The social worker refused to go back.

Although the instruments were now eight months out of date, I was still interested in receiving them and the recording in case they had anything at all to offer the body of research data. To this end I pursued the social worker and eventually received them in the summer of 1995. It was necessary to invalidate the case.

Research Strategies to Accommodate the Responses - Autumn 1994

It seemed that one year after training, there was a pervasive resistance to the practice and this was spread almost equally across both groups. If it had been a feature of one group or the other there might have been a practice-based reason, but this was clearly not the case.

The fact that the incidence was spread evenly across the groups suggested, that even if there was time to do so, recruiting more social workers would probably be a fruitless exercise because it was highly likely that the same experience would be repeated. In order to achieve the anticipated sample I was again prepared to make changes to accommodate problems which might be preventing the social workers from completing research cases. Although none had been explicitly identified to date, I was prepared to believe that there may be some practical element which could be altered in some way which might facilitate their involvement. Obviously I was not prepared to compromise the integrity of the research itself, but there was some room for compromise.

To this end it was suggested by my supervisor, Dr. Downes, that it might be productive to arrange a meeting for all the social workers. The declared and primary purpose would be to discuss the problems they were experiencing. The secondary purpose was to develop a stronger, collective identity within the research group as a whole, which may have generated the stronger sense of commitment apparently lacking at the time. To this end I called the social workers and suggested we had a meeting in London, all expenses paid again, to discuss the difficulties and see if we could develop a solution. The suggestion was greeted with lukewarm enthusiasm and, on the basis of my experience so far, I decided there was little value in pursuing it further. In effect it was another example of resistance.

The Sample Size by December 1994

1993

October: 2 control cases started.
December: 1 experimental case started

1994

Jan.- April: No referrals
May: 1 experimental case started
June: 1 control case started

October: 3 control cases started

December: 1 experimental case started by worker who had completed the first experimental case.

By the end of 1994 the sample was 3 experimental and 6 control cases.

March 1995: I was very concerned about the overall sample size and the imbalance between the two groups. I rang every experimental group social worker to discuss my concern explicitly. The outcome was another experimental case emerged but within the caseload of the social worker who had already completed two. In the interests of a reasonable sample size we agreed she would undertake the work.

By this time the sample was comprised of 4 experimental cases and 6 control cases. The recording for two of the control cases, which had been undertaken by one of the social workers and completed by February 1995, had not been sent to me by this time. I was concerned about this, although the social worker assured me each time I called that it was finished and just needed collating. [I eventually received all the materials in February 1996.]

The Application of Pressure : Summer - Autumn 1995

I called all the experimental social workers, explicitly stating that I needed one more case from them in order for the research to survive. There was no response.

I conducted a final round of calls in November. By chance one of the social workers [6] was about to go out that morning to visit a family which fitted the criteria perfectly. It was apparent that if I had not called at that moment she would have made the visit and would not have recruited them to the research.

When the idea of the study was introduced to the mother, she was very interested. Without asking the social worker, she mentioned it to the child who was very keen and the mother went to see the teacher the next day to discuss the social worker's

involvement. The social worker's tone when informing me of the mother's enthusiasm suggested that she had taken control from the social worker and that there was an element of *fait accompli* which could not have been countered by the social worker.

The social worker did create some difficulties about acquiring and equipping a room. I offered to provide a fund of up to £100 for renting a room or buying equipment, but the school allocated a classroom for her. She expressed further reluctance by delaying the start of the work until it was too close to Christmas and she needed to wait until January 1996.

If this case was completed it meant the final sample would total 5 experimental and 6 control cases. Although this was only 20% of the sample originally anticipated, the research timetable demanded that the study be closed at this point. I was also aware that of the completed cases 4 control cases were conducted by two social workers and three experimental cases by one social worker. I was mindful of this imbalance in the analysis.

Summary

The initial response to the research invitation was very positive and encouraging. There was no obvious incentive to the workers other than research training, the pleasure of practice and an altruistic element of making a contribution to the body of knowledge in their specialist area.

The post-training experience caused me to reassess my thinking about social work practice with bereaved families. I was obliged to reconsider the ways in which I had applied the principles of intervention to the practice to see if any improvements or further changes could have been made. I questioned the methodology of the research and the possibility of any adaptations which could have been made within the parameters of the study. The experience also led me to reconsider the social workers' motivation to enrol in the study and the authenticity of their commitment to the research.

The final numbers of social workers defined the scale of the study. It was expected originally to yield a sample of 20-30 cases in each group but the outcome is a sample of 6 control cases and 5 experimental cases and 1 invalidated experimental case.

Conclusion

The eventual size of the sample caused me to reconsider the nature of the overall analysis. The anticipated body of quantitative data was significantly reduced and consequently a predominantly statistical analysis was no longer possible. Although the quantitative data still had a contribution to make, the analysis would need to be based largely on the qualitative data. The background data available from the Family Profile and teacher profiles, in conjunction with information within the counselling records, provided a wealth of qualitative data for each case.

Although this was now not the study originally intended, it had developed an additional aspect, that of the social workers themselves. The apparent reversal of interest in the research practice indicated a need to take this opportunity to analyse the practice in this group of social workers in conjunction with evaluating the effectiveness of the model of intervention. The design had anticipated the need to accommodate idiosyncratic practice and had consequently incorporated data from the social worker's which could now be used to good effect to analyse their practice. The research design was sufficiently robust to withstand this change of emphasis and the social workers became an additional focus of analysis.

Research Timetable

1993

- January: Invitation to applicants published in *The Journal of Hospice Social Work* [180 members]. Proposed timetable for first cohort's assessment, training and research practice April 1993 - January 1994.
- Feb - April: 50+ responses to the invitation of whom 40 proceeded to the assessment stage, a rigorous process designed to test genuine commitment and filter out ineligible applicants.
- April - June Assessment process reduces the group to 20 either by choice or inertia. Estimated study sample of 20-30 cases in each group.
- July: Two more social workers drop out. Control and experimental groups constructed. Social workers informed of their research status. Three social workers object and two are reassigned.
- September: Training dates arranged for participants at York. Delayed training necessary for some social workers in both groups [3 control & 1 experimental].
- October: 5th. October - control group trained.
7th.- 8th. October - experimental group trained: additional day focuses on work with the child.
Two control cases started.
- November: Delayed training arranged for January 1994 in London for control group members and Newcastle for experimental group member.
- December: One experimental case started

1994

- January: Completed training for last four social workers.
Called all social workers trained in first wave to enquire about referrals.
- February: Conversations indicated that the criteria of eligibility for the family were too prescriptive hence the lack of appropriate referrals.
- March: Reconsidered and adapted the referral criteria.

- April: Sent adapted criteria to social workers with letter acknowledging their contribution to the development of the research, the difficulty everyone was having identifying suitable cases and my intention to call in two weeks.
- May: One experimental case started.
- June: Another round of calls applying pressure for referrals by suggesting we consider their caseloads together.
One control case started.
- July- Oct: Called all experimental group social workers to consider caseloads, possible referrals and assess resistance. Several eligible cases revealed but social workers resist their eligibility. [e.g. One social worker referred an agreed research case child to the Child Guidance Unit]. Suggested the group met in London to discuss our shared difficulties: lukewarm enthusiasm. One control case started.
- October : Two control cases started.
- November: Continued the calls applying greater pressure for cases but nothing emerged.
- December: One experimental case started.
- 1995
- January : Regular monthly calls to all social workers. One social worker in the experimental group revealed that she no longer felt the need to work with bereaved children as she had developed a pre-death approach which obviated the need for bereavement counselling.
- April: One experimental case started.
- May-July : Called social worker asking for control case materials. She needed time to collate the paperwork and contact the teachers for the instruments. Teachers being elusive.
- September : Another call to social worker asking for case records.
- October : Another round of calls to experimental group.
- November : Final round of calls. One experimental case emerges.
- December : Social worker procrastinating. Eventually Christmas is too close to start. Start delayed until January.

1996

- January : No control case records materialised. Called the social worker.
- February : Received material for both control cases almost one year after completion.
- April : Completion of the last experimental expected. Delayed.
- May : Experimental case completed.
- June : Received material from last experimental case

APPENDIX 2

VARIOUS TABLES

Children Admitted To The Care Of Local Authorities In England
 Data from the Department of Health : Table 1

Year	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Short term illness	6290	6111	5136	4851	4813	4739	4412	4432	4027	3887	3594
Long term illness	503	484	363	365	378	343	366	306	328	302	274
Parent death	375	358	309	243	292	243	190	201	167	174	201
Total	7168	6953	5808	5130	5483	5325	4968	4939	4522	4363	4069

Children Remaining In The Care Of Local Authorities In England
 Data from the Department of Health : Table 2

Year	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Short term illness	2832	2712	2388	2270	2081	2041	1900	1952	1668	1601	1477
Long term illness	3092	2787	2421	2173	1938	1692	1471	1261	1122	1022	870
Parent death	2379	2188	1939	1741	1580	1416	1190	1052	895	785	717
Total	8283	7687	6748	6184	5599	5149	4561	4265	3685	3408	3064

Parent Scores : Case by Case

<u>Control Group</u>	<u>1st. Wave</u>	<u>2nd. Wave</u>	<u>Difference</u>
<u>C1: Edward</u>			
CBLP	14	6	
Rutter A	<u>17</u>	<u>11</u>	
	<u>31</u>	<u>17</u>	<u>-14</u>
Security	7	5	- 2
Competence	6	3	- 3
Sociability	8	3	- 5
Mourning	10	6	- 4
<u>C2: Jane</u>			
CBLP	17	11	
Rutter A	<u>9</u>	<u>9</u>	
	<u>26</u>	<u>20</u>	<u>-6</u>
Security	9	5	- 4
Competence	3	7	+ 4
Sociability	5	3	- 2
Mourning	9	5	- 4
<u>C3 : Rachel</u>			
CBLP	10	19	
Rutter A	<u>16</u>	<u>14</u>	
	<u>26</u>	<u>33</u>	<u>+7</u>
Security	9	16	+7
Competence	7	7	0
Sociability	3	3	0
Mourning	7	7	0
<u>C4 :Danielle</u>			
CBLP	22	21	
Rutter A	<u>2</u>	<u>4</u>	
	<u>24</u>	<u>25</u>	<u>+1</u>
Security	7	5	- 2
Competence	3	4	+ 1
Sociability	3	2	- 1
Mourning	10	11	+ 1

C5 : Joanna

CBLP	3	11	
Rutter A	<u>6</u>	<u>5</u>	
	<u>9</u>	<u>16</u>	<u>+7</u>
Security	3	3	0
Competence	0	4	+4
Sociability	3	3	0
Mourning	3	6	+3

C6 : Andrew

CBLP	23	21	
Rutter A	<u>28</u>	<u>22</u>	
	<u>51</u>	<u>43</u>	<u>-8</u>
Security	5	6	+1
Competence	18	14	-4
Sociability	20	15	-5
Mourning	8	8	0

Experimental Group 1st. Wave 2nd. Wave Difference

E1: Adam

CBLP	33	19	
Rutter A	<u>28</u>	<u>18</u>	
	<u>61</u>	<u>37</u>	<u>-24</u>
Security	17	9	-8
Competence	12	8	-4
Sociability	18	10	-8
Mourning	14	10	-4

E2: Campbell

CBLP	13	18	
Rutter A	<u>10</u>	<u>12</u>	
	<u>23</u>	<u>30</u>	<u>+7</u>
Security	6	9	+3
Competence	5	6	+1
Sociability	6	6	0
Mourning	6	9	+3

E3: James

CBLP	20	16	
Rutter A	<u>19</u>	<u>16</u>	
	<u>39</u>	<u>32</u>	<u>-7</u>
Security	10	9	-1
Competence	8	7	-1
Sociability	9	6	-3
Mourning	12	10	-2

E4: Holly

CBLP	18	24	
Rutter A	<u>24</u>	<u>28</u>	
	<u>42</u>	<u>52</u>	<u>+10</u>
Security	14	15	+1
Competence	10	13	+3
Sociability	7	13	+6
Mourning	11	11	0

E5 : Laura

CBLP	12	13	
Rutter A	<u>16</u>	<u>12</u>	
	<u>28</u>	<u>25</u>	<u>-3</u>
Security	4	8	+4
Competence	6	4	-2
Sociability	11	6	-5
Mourning	7	7	0

Critical Events Scores :

[drawn from data in the Family Profile and session records]

	Illness					Death					Post-death period					Christmas			Anniversary			Other		Total			
C1	1	4	3	2	1	11	5	4	5	4	23	5	5	5	5	5	40	5	5	5	10	5	5	10			94
C2	5	5	5	3	5	23	5	4	5	4	23	2	1	3	3	3	18	1	1	1	2	1	1	2			68
C3	4	3	3	2	3	15	5	3	3	1	16	1	1	1	3	2	14	5	5	5	10				3	3	61
C4	5	5	3	2	5	20	5	5	3	5	22	1	1	1	4	5	21					5	5	10	1	1	75
C5	4	3	2	4	3	16	4	4	3	4	18	3	3	5	4	3	28	4	4	4	8	1	1	2			72
C6	3	4	3	2	3	15	5	4	5	4	20	1	1	1	4	3	13	5	5	5	10				1	1	60
E1	2	3	2	1	2	10	5	3	2	3	15	1	1	1	4	3	13					4	4	8	4	4	54
E2																		3	3	6	2	2	2	4			
E3	1	1	1	1	1	5	4	1	2	4	12	5	5	5	4	3	27	2	2	2	4				2	2	52
E4	3	4	1	3	5	16	1	1	1	1	5	1	1	2	2	1	12	2	2	2	4	2	2	4			41
E5	3	3	2	4	5	17	5	5	4	4	22	5	3	5	5	5	38					2	2	4	2	2	85

Significant Events Scores:

[drawn from data in the session records]

	Event One			Event Two			Total	Order								
C1	5	5	10	5	5	10	20	1								
C2	1	1	2	1	1	2	4	11								
C3	4	3	7	3	4	7	14	6								
C4	4	3	7	5	5	10	17	4								
C5	3	4	7	1	1	2	9	9								
C6	5	5	10	5	5	10	20	1								
E1	4	4	8	4	5	9	17	4								
E2	2	2	4	2	2	4	8	10								
E3	5	5	10	5	5	10	20	1								
E4	3	3	6	4	4	8	14	6								
E5	3	4	7	3	3	6	13	8								

Parental Sensitivity : [drawn from data in the session records]

	Perception 1			Perception 2			Difference	Assist 1			Assist 2	Difference	Comfort 1			Comfort 2			Difference	Praise 1			Praise 2			Difference								
C1	5	5	5	20	5	5	20	5	5	5	5	5	20	5	5	10	5	5	10	0	3	3	6	3	3	6	0	3	3	6	3	3	6	0
C2	1	1	1	4	1	1	4	1	1	1	1	1	4	1	1	2	1	1	2	0	1	1	2	1	1	2	0	1	1	2	1	1	2	0
C3	5	3	2	12	5	3	14	1	1	3	2	3	8	1	2	2	1	2	2	0	1	2	4	2	2	4	2	2	2	4	3	3	6	2
C4	4	4	3	4	4	3	15	2	2	3	2	3	10	2	3	6	3	3	6	0	3	3	6	3	3	6	0	3	3	6	3	3	6	0
C5	2	1	2	7	2	1	7	2	2	1	1	1	6	1	1	3	1	2	3	-2	1	1	2	1	1	2	0	1	1	2	1	1	2	0
C6	4	3	2	3	4	3	13	3	3	5	4	5	16	4	5	6	5	5	18	2	3	3	6	4	4	8	2	3	3	6	4	4	8	2
E1	5	5	5	20	5	5	20	1	2	2	3	4	8	4	5	4	5	18	10	2	2	4	2	2	4	4	3	3	6	5	5	10	4	
E2	3	2	3	11	4	4	16	5	3	2	2	2	12	5	3	8	12	0	4	4	8	0	4	4	8	0	3	3	6	3	3	6	0	
E3	5	5	3	16	5	4	19	2	2	4	4	5	17	4	4	4	17	6	2	2	4	6	2	2	4	6	4	4	8	5	5	10	2	
E4	4	4	2	12	5	4	17	2	2	1	3	3	11	3	2	2	11	5	1	1	2	5	1	1	2	0	3	3	6	4	3	7	1	
E5	3	2	2	9	3	3	12	2	2	3	3	4	11	3	3	4	13	2	2	2	4	2	2	2	4	2	2	2	4	2	2	4	0	

Parental Competence: [drawn from data in the session records]

	Tasks 1			Tasks 2			Diff	Resource 1			Resource 2			Diff	Total
C1	5	5	10	5	5	10	0	5	5	10	5	5	10	0	0
C2	2	1	3	2	1	3	0	4	4	8	4	4	8	0	0
C3	3	4	7	5	5	10	1	3	4	7	4	4	8	1	2
C4	4	4	8	2	2	4	-4	3	4	7	3	4	7	0	-4
C5	2	1	3	2	1	3	0	2	2	4	2	2	4	0	0
C6	5	5	10	5	5	10	0	5	5	10	5	5	10	0	0
E1	2	1	3	3	3	6	3	3	3	6	3	3	6	0	3
E2	3	4	7	3	4	7	0	3	3	6	3	3	6	0	0
E3	5	2	7	5	4	9	2	5	5	10	5	5	10	0	2
E4	3	2	5	4	3	7	2	4	4	8	4	5	9	1	3
E5	1	2	3	3	3	6	3	5	5	10	5	5	10	0	3

APPENDIX 3

CASE MATERIAL NOT INCLUDED IN THE MAIN BODY OF THE TEXT

Section 1

Additional Case Material Relating To The Analysis Of The Social Workers' Competence Using The Control Model Of Intervention

Introduction

The following cases, C1, C2, C3 and C6 were analysed in the same manner as those presented in the main body of the text and offer additional support for the discussion and conclusions found there.

Case Studies

C1 : Edward

Planning and preparing for the sessions

The social worker demonstrated high levels of organisation and forethought throughout the practice. She was aware of possible issues which might have arisen and demonstrated her preparedness by the manner in which she handled them. She was also aware of the larger canvas of concerns and created a tempo within the sessions which was sensitive to the mother's needs. She responded to issues as they arose in a manner which demonstrated her awareness of their significance.

Intervals between sessions

She made all her visits in the evening after the child had gone to bed. She arrived promptly and each session lasted between one and one and a half hours each time. There were fortnightly intervals between the first four sessions but a seven week interval developed between Sessions 4 and 5 which is explained by the Christmas holiday. Although it was expected that public and personal holidays would create delays, seven weeks exceeded the expected limit. The social worker may have been aware of this and in not drawing attention to it in the recording, implied that she perceived it to be a flaw in her practice.

The positive outcome to the delay was that the social worker was still involved with the

family at the time of the first anniversary of the father's death. It is possible, if not probable that the mother, who was aware of the number of sessions on offer, may have engineered the social worker's continuing involvement at this time by creating the extended delay at Christmas. I am not suggesting that this was a deliberate, conscious ploy on the mother's part but the result of her subconscious awareness that she would need the social worker. Rather than ask her outright, she used the existing arrangement to ensure that her involvement covered the time of the anniversary.

Completing the instruments and the quality of recording

She presented well documented records for each session and included helpful observations and appropriate personal comments. She completed the instruments according to the research timetable.

Response To Individual Needs As They Arose

The Parent

The mother needed to review and re-review the process of the father's illness and his route to death. This was the most pressing issue for the mother. The social worker recognised that nobody else in her environment was prepared to do this and that therefore this was a major contribution to the mother's well-being.

e.g. Parent Counselling Session 3

I'm very aware that Mrs. G needs to talk over the whole experience of her husband's death which she does in great detail and with feeling. Again and again the conversation would come back to some aspect of that time between the pains starting and Danny's death.

The manner in which she did this communicated her awareness of the value of this aspect of bereavement counselling and at no time did she attempt to move the mother on beyond that which she could manage at the time.

The Child

The social worker was aware of difficulties Edward was experiencing. She actively

pursued solutions and management techniques that promoted insight and sensitivity in the mother for him. She was aware of the significance for him of events that arose [e.g. his first Christmas, his teacher leaving] and encouraged his mother to see that he might need extra comfort from her and additional resources at school.

Discussion

Social worker had a pleasant manner and demonstrated consistently good practice. Her level of planning and preparation were demonstrated in the clarity of her thinking and the methodical way in which she approached each session. She appreciated and responded to the mother's concerns and was able to appreciate and anticipate Edward's needs in ways which promoted competence through insight in the mother. It was noticeable that she visited in the evening in order to have undisturbed time with the mother regardless of the additional stress this placed upon herself. Other than an hiatus around Christmas, which has been reviewed, she managed the requirements of the research and her own practice with smooth efficiency.

C2 : Jane

Planning and preparing for the sessions

The social worker demonstrated a keen awareness of the issues which were important to the father. She skillfully held those, on a session to session basis, whilst demonstrating a readiness to advance the conversation. The father's fondness for order and structure lead him to encourage the social worker to use the format of the formal data collection within the sessions. He completed the Family Profile during the sessions and explored the events and experiences it contained.

Intervals between sessions

These sessions were booked in advance each time, but held every three weeks rather than every two as required by the research. The social worker made herself available to the father during the Christmas period when she anticipated that he might need extra

support.

Completing the instruments and the quality of recording

There was an excellent level of recording throughout. Some sessions were extremely intense and the records for these were presented in closely typed script, in order to cover the content in appropriate detail. The quality of recording was very impressive. The instruments were completed with similar efficiency and attention to detail by the father, who approached them as an intellectual exercise.

Response to individual needs as they arise

The Parent

The father's primary and continuing concern was his grief. He was wholly preoccupied with his emotions and how he was going to manage them in different situations. He maintained this level and focus of concern throughout the intervention, to the exclusion of virtually everything else. His singular perspective was quite apparent by the end of the first session, as was his resistance to developing a more child-centred perspective. Although this was not a need which he identified for himself, it was one which the social worker identified as being of primary importance to the parent-child relationship.

The period of the intervention covered three critical events clustered at Christmas time when there was some doubt about the security of his job for a short while. These sessions were very intense but although the social worker managed the intensity of the practice well, she was unable to develop a profile for the child among these shared experiences.

She appeared to develop a confrontational style with the father and was hostile and critical towards him on occasion [see Chapter 18]. The father gave explicit information about his affectionless childhood and aggressive, critical mother [see Chapter 9 : Jane] and the social worker appeared to be taking on that role and compounding rather than alleviating his present difficulties.

The last session was preceded by an unplanned contact when the father called at the hospice, ostensibly to discuss his concern about his employment security, but it had already been resolved because he had been assured he had a long term contract. He professed to be happy for the sessions to end after the next one, but the message was clearly that he was not. He reinforced this message by calling repeatedly at the hospice after the sessions had finished and talking to the nursing staff. They asked the social worker to go to see him again in order to stop him coming to the hospice, which she did. He was still very intense and she recognised him to be in great need of support. Although he was effectively re-referring himself the social worker did not offer another wave of sessions.

The Child

Bedwetting was undoubtedly a concern for Jane. The social worker initially attempted to promote greater parental sensitivity through insight, but with little success. She appeared to give up at this point. She did not make any attempt to create management regimes or introduce techniques into the father's repertoire of responses which might have helped Jane, or helped him to develop greater sensitivity to her. The social worker was very aware that the father took great pride in his practical skills which he perceived to be the manifestations of his competence. She could have used a variety of basic behavioural approaches, which would have been acceptable to him but there was no record of her suggesting any practical approaches. Consequently his resources remained untapped and the problem for the child persisted unchanged.

Discussion

The social worker was a very efficient and conscientious practitioner but lacked depth to her practice: she recorded everything in great detail but then failed to convert the knowledge into insights. She identified Jane to be in need of direct support and knew that the father was unable to offer that to her but she did not address the issue with the father and consequently knowingly left Jane in a vulnerable position.

C3 : Rachel

Planning and preparing for the sessions

There were many important issues, both practical and emotional, which arose during the course of the sessions but the social worker did not appear to make any plans for the next session based on the previous one. On occasion she did not appear to consider what might be useful to address at that session. Her approach seemed to be reactive rather than considered and responsive.

Intervals between sessions

The sessions were conducted at regular fortnightly intervals, with a slightly extended interval during the Christmas period.

Completing the instruments and the quality of recording

The recording was sketchy at times [e.g. using headings for central issues but not giving details] which resulted in gaps in information developing around important areas of concern. The Family Profile was completed and, when combined with the sessional records, provided an adequate level of data collection.

Response to individual needs as they arise

The Parent

The mother's main concern was for Rachel and how she was coping with her bereavement and the mother was also feeling let down and unsupported by the father's family. She felt isolated and unsure how she was going to manage without the father's guidance in parenting Rachel.

The issue of support was revealed by the Trust Circles exercise to be central to the mother's parenting. The social worker explored this issue and possible resources at some length which enabled the mother to perceive the quality of support available to her in the social worker.

The experience of this supportive relationship enabled her to express her distress to her sister who responded positively. This change was assessed by the mother to be the most significant improvement of the intervention for her. She said that her relationship with Rachel had appreciably improved and that she was feeling more confident in herself and her ability to manage future challenges.

The Child

Rachel had separation anxiety and could not tolerate any level of separation from her mother. The social worker identified this in Session 1 and gave the mother support by listening to her difficulties with Rachel without passing any judgement or offering any quick solutions. The teacher was responding well to Rachel and provided a good model for the mother. They, the mother and the teacher, agreed she would try to hold back her anger when Rachel wanted comfort and try to manage her with kindness. Over time the frequency with which Rachel exhibited this behaviour decreased and the parent-child relationship improved.

Discussion

The social worker's planning and execution of the work was satisfactory and within the parameters of the research requirements. It was only the quality of her recording which detracted from her overall performance, but this did not appear to affect her practise, if judged by the benefits derived by the parent-child relationship. The mother perceived her to be competent and was able to use her service to good effect.

It was unclear what if anything the social worker did or said about Rachel's anxiety and, in the absence of any concrete data, it is reasonable to assume that the experience of her support for the mother combined with that of the teacher and her sister were instrumental in helping her make the changes for Rachel.

C6 : Andrew

Planning and preparing for the sessions

The social worker approached the mother gently so that she had time to consider her involvement with the social worker and the research.

Between the sessions she was aware of the issues which she anticipated might arise and the importance of others which did and were unexpected. In her planning she explored a range of causes and definitions of the issues in order to develop a broad context for her approach and their resolution. She made a note each time of her aims and carried them into the next session in a purposeful and flexible manner

Intervals between sessions

Each session was conducted at regular fortnightly intervals with the exception of the Christmas period and a postponed appointment due to illness when there was an eight weeks gap.

Completing the instruments and the quality of recording

The quality of recording detail was very good. She provided a full picture of the family and the experiences that preceded the bereavement. The Family Profile was also completed equally well as were the Trust Circle exercises.

Response to individual needs as they arise

The Parent

The mother's main concern was how to manage Andrew's attachment behaviour which she perceived to be bereavement related, having its source in their relationship. The social worker explored the significance of the difficulties and discussed practical management techniques which the mother enacted to good effect.

She did not concentrate solely on the manifestations but maintained a conversation about the underlying causes of his behaviour and the ability the mother had to manage

them. This balance was done in order that she did not overstretch the mother's resources by creating unrealistic goals and 'failures' which would have undermined her confidence

The Child

Andrew's mother's definition of his concerns were an accurate assessment. The accuracy of her judgement was demonstrated in his behaviours and in the positive ways in which he responded when she adapted her responses to him. In effect the mother reflects the child's concern as hers in a way which does not detract from or obscure the child's place within the shared difficulty.

Discussion

The social worker demonstrated a very good level of competence in all aspects of the management and organisation of her practice. She demonstrated thoroughness and structure to her thinking and planning. These qualities enabled her to be flexible when appropriate without that leading to disorganisation because she was able to link everything to the whole. She tailored her conversation with the mother to her assessment of the resources available to her, whilst maintaining an awareness of the underlying source of the presenting problem.

She was aware that in addressing the mother's concern she was also addressing the child's, because both mother and child had the same anxiety based problem but were manifesting it differently. In effect, the mother reflected the child's concern but in ways which did not compromise the child's place within the shared difficulty. The social worker used that common ground and the mother's sensitivity to bring about the best outcome possible. There was no conflict of interest and the social worker pursued the practical implications of her professional judgements within the limits of the parent's resources.

Section 2

Additional Case Material Relating To The Analysis Of The Social Workers' Competence Using The Experimental Model Of Intervention

Introduction

The following cases, E1, E2 and E5 were analysed in the same manner as those presented in the main body of the text and offer additional support for the discussion and conclusions found there.

Case Studies

E1 : Adam

Planning and preparing for the sessions

The social worker did not express any intentions or formulate any plans for how she might manage the sessions with the parent. She made very general statements which did not indicate any focus or intention to focus the conversation on the child's behalf.

She introduced herself to Adam and showed him the room before the sessions started. She was aware that he had a negative experience with a nurse before and wanted to ensure that he was sure that nothing like that would happen again. She emphasised the partnership and control elements of the relationship during the initial session, which resulted in him feeling enthusiastic and safe with her from the start.

In the child sessions she arranged all the materials she needed and had the room prepared for every session. She remembered Adam's preferred refreshments and the sessions were conducted smoothly.

Intervals between sessions

The parent sessions were held at regular fortnightly intervals. The only slight discrepancy lay in the order. The fifth parent session was held before the shared fourth session which compromised the potential to consider impending closure. In this case it

was not critical because they had already arranged to continue meeting after the end of the research sessions, therefore closure issues were not as relevant. The child sessions were held at regular fortnightly intervals throughout.

Completing the instruments and the quality of recording

The records were adequate but lacked detail at times. The Family Profile had scant detail for significant events and times which, during the training, had been denoted to have particular importance for the research [e.g. early childhood, nature of the death etc.]. This may reflect the mother's reluctance to talk about some of the topics but would not explain why relatively safe topics were not recorded more fully.

The child sessions were recorded in more detail which may have been because the formats were very specific and detailed in themselves. These records provided a good picture of Adam and what happened in the sessions.

Response to individual needs as they arise

The Parent

The mother's main concern was how she was going to manage as a lone parent. Adam's aggressive behaviour was the first challenge to her competence as a parent. The social worker recognised her concern as important to the mother and signalling Adam's distress. She also recognised the mother's inappropriate persistent smiling and constant busyness to be indicative of her need to maintain a high level of defence. She did not make instant suggestions of how to change her behaviour, but took the time to explore the meaning of the situation to the mother.

After his first session Adam returned home full of excitement at the prospect of his new relationship, which his mother commented on at her next session. This made the social worker even more aware of the need to handle the good parent/bad parent issue carefully.

The mother also revealed in the Trust Circles exercise how unsupported she felt and how others had approached her in the guise of supporters [e.g. nurse, priest] only to reveal themselves to be either unwanted comforters or trenchant advisers. This exercise revealed the mother's dilemma in needing support yet being very wary of unwanted advice or overly close friendship. The social worker had to maintain a very delicate balance.

She allowed the mother to control the conversation, which enabled her to become less defended. By Session 3 she openly discussed the difficulty she had expressing her anger. The conversation in the next session explored her childhood with her alcoholic father and how her trust in the world and self-esteem was profoundly undermined in her childhood.

The social worker reviewed her achievements and together they drew a realistic picture of her goals and resources. The mother recognised that she was a better and more competent parent than she had previously thought. The process of shared review and affirmation from someone who was not just saying the words but had taken the time to get to know her gave additional value to the experience.

The Child

Adam was worried that he might get cancer and die like his father. His unexpressed fears had been inhibiting his mourning which is confirmed by the following sequence of events. He asked the social worker in the first session whether this was true and she replied with great respect for his question and did not diminish his concerns by fobbing him off with platitudes and euphemisms.

During the next session the exercises explored inner feelings and how they are expressed. This gave Adam a vehicle to consider his anger and sadness which he discussed fully with the social worker. He was able to trust her and told her how angry he became and of his need to cry at times. Both of these were significant statements and

were treated with great respect. He transferred the conversation to his mother and he began to mourn openly with her.

The conversation with the social worker developed during the sessions to the point where [6th. session] Adam spontaneously recalled memories of his father and developed a free conversation, in both contexts, about his mourning.

Discussion

The social worker was a very organised and competent practitioner on a practical level and appeared to manage this very structured piece of work with ease. She planned ahead for the child and gave the mother the free space she needed and these different approaches enabled her to remain open to whatever arose during the sessions. She used herself as a good resource for herself in the practise.

The social worker took time to get to know the significance of the parent's presenting concerns. The meaning of the problem was complex and defined the appropriate approach. To have acted on the initial appearance would have compounded the problem. Waiting, gradually understanding and then encouraging the mother to develop her own resources brought about the optimum result for the parent-child relationship.

E2 : Campbell

Planning and preparing for the sessions

The effect of the social worker's planning for the first three parent sessions was undermined by the unpredictability of the father. Although this did not affect her reliability, the only realistic plans she could make at this time were that the father would be there and would open up a little more. When he missed an appointment she was able to arrange another time without being flustered or angry. On another occasion he was not ready when she arrived and she waited until he was, which was a good judgement because he made her a cup of tea for the first time. The social worker had recognised in these behaviours the father's need to test and control.

She demonstrated the quality of her planning in her work with Campbell. She used the session handbook to prepare the materials and refreshments each time and the sessions ran without a hitch. Consequently she was able to concentrate upon the content. The social worker stated that the structured approach of the Playwork Book gave her more confidence to explore issues that arose during the sessions.

Intervals between sessions

She had a difficult situation to manage and coped very well with the father's erratic manner. In the circumstances it was a considerable achievement to stay within the intervention timetable and maintain the session intervals for Campbell.

Completing the instruments and the quality of recording

When the father's style was taken into account, the level of recording for the parent sessions was good, however, the Family Profile was not completed at all. It was difficult to understand how she could have conducted six sessions and not collected any of the information for this document. Some of the data was scattered within the session records and I was able to distil some of it, but it was insubstantial. The impression this major omission gave was that the social worker did not have a firm knowledge base within her practice. One consequence of this was that her practice became reactive rather than considered. This was not by choice but by coercion and reflected the father's style. The social worker did not appear to derive a deeper understanding of the father's model of the world by his disorganised behaviour but allowed herself or could not avoid becoming drawn into it.

Her recording of the child sessions was very different. She included detailed accounts of conversations and non-verbal communication which constructed a full picture of Campbell and the quality of their relationship. She also explored her own experience of the practice. She commented to me that she had used the recording to reflect upon her practice and it had been a very useful process.

Response to individual needs as they arise

The Parent

The father did not permit the social worker to get close to him neither did he encourage her to effect any change for him. He was very wary about allowing her to establish any conversation and maintained a defensive screen at each session. She was aware that it was an achievement to get through the door, let alone establish any rapport. Eventually he did warm to her and discussed more openly his sense of isolation but he did not want her to do anything about it. Listening without doing was what he wanted of the social worker.

It could be said that the one need the father did express was his need to be allowed to defend himself against the painful reality of his situation, which the social worker respects. In effect she managed the practical implications of this request by maintaining a non-intrusive style.

The Child

Campbell was concerned about getting cancer because his mother was diagnosed when she was pregnant with him. He was also worried about his anger and about his father's reliability. These were all expressed during the first session as he completed the questionnaire and the self-esteem scales exercise.

The social worker recognised the authenticity of his concerns and recorded them. She addressed the first one [his mother's cancer being transmissible] immediately with realistic reassurance. The management of his anger was explored in the analysis of his feelings and where they are and how to handle them. As a result he developed coping strategies which reduced the incidence of fights.

His concerns about his father required a longer term solution. Campbell's anxiety was based on the reality of his father's concerns about the future and could not be resolved until his father was more certain of how things would be for them. His father resisted

any meaningful conversation with the social worker, therefore it was not resolvable within the intervention.

Discussion

The social worker was a highly competent practitioner. Her work with Campbell demonstrated her ability to manage all aspects of the research alongside the demands of the practice. Her work with his father demonstrated her ability to manage a delicate balance of conflicting needs. She made a good judgement in deciding to defer to his need to remain highly defended, without which the intervention would have failed entirely. She was able to manage the father's testing and need to control with relative ease.

Her recording for the child was good with plenty of helpful detail. Her recording of the father's sessions was determined by his reticence. She did not complete any of the Family Profile, which was a major omission for the research and suggested that she did not have a coherent model of the family's experience. In effect her model of the family reflected the father's fragmented view of the world.

E5 : Laura

Planning and preparation

The social worker was aware at each session of the mother's central concerns. The social worker was also aware that the mother needed to protect herself against her emotions and control the pace of their conversation. The sessions were punctuated or controlled at another level by the younger children being present. Although the social worker found that difficult to manage at times, she did not suggest she visited in the evening when they were in bed, or that they had their sessions at the hospice where she could have arranged for a volunteer to care for the children, or that the mother made her own childcare arrangements. She commented at the end of the intervention that she should have pursued the possibility of having time on their own.

She arranged to have a room in the school for each session but the same one was not

always available. The changes of room caused diversions but they were not a particular problem for Laura or the social worker. She prepared all the materials for each session and arranged the All About Me session well.

Intervals between sessions

The mother's sessions were less regular than Laura's. This was partly due to the mother and then the social worker being ill, after which the mother had difficulty arranging the next date. [This may have been a covert expression of anger towards the social worker for being absent.] The mother went away on holiday with the children during the Easter holiday [between 5 & 6] which could be seen as delaying the last session, which Laura also too attempted to do on the day by 'hiding' among her friends in the playground when the social worker arrived. Her sessions were held fortnightly at the same time and were of a standard length.

Completing the instruments and the quality of recording

There was excellent child centred material in the Family Profile. The social worker made reflections and comments throughout the data collection and was very aware of Laura's experience throughout the illness and dying periods.

Her recording of the parent sessions was very good. She included helpful quotations from the mother and described her appearance as an additional form of communication. Her recording of the child sessions was equally good. Her attention to detail and concern for each individual demonstrated her commitment to the parent-child relationship. She also recorded her meeting with the teacher in a way which enabled an appreciation of him as a resource for the child and the parent. She generously included her doubts, impressions and thoughts in ways which enhanced my appreciation of the sessions and the processes at work within her.

Response to individual needs as they arise

The Parent

The mother was most concerned about Laura's behaviour at home. She considered her to be 'disobedient and cheeky'. She said that the children generally were very demanding but that Laura was the most draining. She also felt Laura should have been contributing more to the care of the younger two and criticised her for not being more helpful. The social worker tried to develop greater empathy for Laura without undermining the mother's self-esteem as a parent. She recognised the extreme pressures of caring for three young children and maintained a good balance in this respect.

The problem was complex and the social worker did not attempt to diminish it by giving her insights as the mother's solutions. She attempted to keep alongside the mother, recognising that to force the pace would throw another factor into an equation which was complicated enough already.

Eventually the mother resorted to medical collapse and medication. After this crisis she was calmer and better able to develop a broader, less punitive attitude towards Laura. Although she did not declare a 'happy ending' scenario, she was aware that the source of the difficulty was not solely with Laura but partly within the dynamic of their relationship.

The Child

Laura had low self-esteem which she expressed in her concerns about how attractive she was to other people and in her need for approval from the social worker. Her relationship with the social worker enabled her to explore her mourning and her self with support and plenty of praise. As a result she initiated her mourning conversation with the social worker and developed a freer style with her than with anyone else. She became more confident of her social skills and was aware of the significant improvement in her mourning style [see Child Self-Rating table].

Discussion

The social worker had resisted recognising the family as appropriate for the research. On closer examination her caseload revealed Laura and her mother to be very suitable. The mother seized the offer of help and committed the social worker by taking the initiative to involve the teacher. It is possible that the mother had recognised the fragility of the offer, as it was being made, and countered the threat of it disappearing by her pre-emptive action.

Once committed, the social worker prepared well, mentally and practically, for each session. She demonstrated the same quality of preparation for both individuals and she was able her to move and respond within the sessions with relative ease.

Her recording was very good, particularly the amount of detail which expanded upon the events. She used the process of recording to think through what she had experienced and its significance, and attempted to carry her understanding through into the next session. The only criticism of this aspect of the practice was that she did not afford the mother greater privacy during the sessions. The independent assessor commented that the presence of the younger children was an unnecessary distraction to the sessions and impeded the work. In allowing this situation to prevail, the social worker endorsed the mother's view that this was what life was like, full of demanding children at the most private of times. The social worker reinforced the mother's model of herself as being primarily a mother and a bereaved woman second [see Chapter 18].

By not providing ready solutions and insights the social worker enabled the mother to define the problem herself and, by the end of the intervention, she was beginning to construct her own solutions. The initial concern was not wholly resolved but the mother had made a start which had required a considerable effort on her part. In the circumstances this was the most reasonable outcome.

Laura knew that she wanted to be more open about her mourning and that this

conversation was stifled by her mother. Her relationship with the social worker enabled her to explore her mourning in a safe environment. She enjoyed the experience of being special and safe and was able to derive great benefits from the safe base the social worker provided for her.

Section 3

Additional Case Material Relating To The Analysis Of The Social Workers' Sensitivity

Introduction

The following cases, C1, C3, C4, C5, E1, E3 and E4 were analysed in the same manner as those presented in the main body of the text and offer additional support for the discussion and hypotheses formed there.

Case Studies

C1 : Edward

The promotion of empathy and availability to the parent and child

The Parent

The mother felt abandoned by her husband and by her family and friends because they either offered her instant solutions, which diminished her grief, or avoided her or the subject of her bereavement. The arrival of the social worker heralded the beginning of her relief but, because she had experienced inappropriate responses from others, she was initially wary. The social worker took time to reassure the mother of her commitment to her and willingness to listen.

She recognised a range of intense mood states in the mother to which she responded by gently encouraging the mother to explore her mourning more fully.

e.g. Parent Counselling Session 3

The pattern of mood was the same as previously: a warm welcome, immediate fluency, great detail, often voice and eyes filling with tears.

e.g. Parent Counselling Session 4

The pattern of mood was one of unalloyed grief. Anger, guilt, despair, fear, low self-esteem all figured. At present there is no light in the tunnel of grief for Sue. She recounts the efforts

of family and friends to pull her out of this
"....to have a life of my own" to "....go out and
enjoy herself" with disdain.

"Why us?"

"Why the hell aren't you here?"

The mother's family and friends could not tolerate her intense grief or the anger she expressed towards her husband for abandoning her. Her mood was intensely despairing and must have been very draining for the social worker who held the sessions very well. It was also significant that these sessions were all held in the evening which meant the social worker, who lived alone, was going home to be on her own after each one.

When the mother expressed concern about her competence as a parent, the social worker offered realistic support. She acknowledged her fears and their foundation. She helped the mother to explore the emotions they generated in her as part of creating her own solutions. The social worker was aware that mother was struggling to reorganise her self-image whilst maintaining her personal integrity and did not need another external force telling her how to be: this was something she wanted to discover for herself.

The Child

The social worker encouraged the mother to maintain physical contact with Edward in ways which were compatible with established comfort-seeking and giving patterns [e.g. cuddles at bedtime with a story, responding to his expressions of sadness (verbal and non-verbal)]. At no time did she suggest anything beyond the mother's capabilities or the different to the child's expectations.

Acknowledging achievements and encouraging independence

The Parent

The social worker assessed the mother's priorities and concentrated on them as a means to achieving successes for her, thereby enabling her to move on to others. For

example, she acknowledged that her anxiety about her ability to bring up three children was realistic and, at the same time, helped her to recognise her achievements in this regard. Secondly, she identified her need for social supports in order to develop her identity as a widow and allow her to mourn, both of which she felt were achieved by the end of the intervention.

The Child

The social worker had no direct contact with Edward. However, through the mother and her own knowledge of children, she recognised his need for comfort and need for permission to express his thoughts and feelings. She encouraged the promotion of his mourning within his relationship with his mother. She also promoted his need to mourn with his teacher which created a more supportive environment for him at school.

Discussion

The social worker demonstrated great sensitivity to the mother's need for comfort, support and reassurance based on the reality of her situation not the preferred, idealised view of others. It was her ability to recognise, acknowledge and hold the mother's grief which identified her to the mother as a sensitive professional who could be trusted. The social worker developed a relationship with the mother based on compassion and mutual respect. She was open about her relationship with Edward and receptive to the social worker's insights and guidance. As a result, she was supported in her parenting and Edward received the style and quality of comfort he needed.

C3 : Rachel

The promotion of empathy and availability to the parent and child

The Parent

The mother was very defended for the first two sessions, during which the social worker communicated her concern and unconditional acceptance of her. The mother was

eventually able to express the sadness she could not share with her friends or family. The conversation that developed between them was not always fluent and the social worker interpreted the hesitations as indicative of the mother's reservations about her. Although this did not influence the progress of the sessions, it did have a bearing upon the last two sessions.

At the penultimate session the social worker arrived to find the mother's friend there and she assumed this was the mother's way of communicating her wish to end the sessions. When she suggested this the mother denied it strongly and felt the need in the next session to reassure the social worker that she was very much wanted. A positive view of the friend staying could have been that the mother was showing the social worker how much she trusted and accepted her by allowing her to meet a friend, but the social worker's assumption that it had the opposite definition elicited a personal response from the mother which altered the balance of the last two sessions and compromised the secure base.

The Child

Although the social worker did not meet Rachel, she communicated her concern for her in her records and continuing awareness of her anxieties. She did not offer any instant solutions which suggested that she was aware of the magnitude of Rachel's problems and was in synchrony with them.

One rider to this is the degree to which the social worker explored Rachel's experiences at each session. Although she did encourage exploration of her difficulties in most sessions, there was not the same amount of time given to her concerns or initiative taken to pursue them, as there was to the mother's. The child's lack of presence within the sessions was reflected in her insubstantial figure within the overall conversation.

Acknowledging achievements and encouraging independence

The Parent

During the course of the intervention the mother learnt and mastered several new skills. She learned how to manage the financial and practical aspects of the home. She organised a move of house and decorated the new house. The social worker recognised the importance of each achievement and praised her. The mother's competence and self-confidence strengthened and she felt herself to be more independent and resourceful than ever before.

The Child

There was no evidence of the social worker praising Rachel. The general mood and trend supported the view that she probably did so indirectly, through her acknowledgement of the mother's achievements with her. This reflected praise did not belong solely to Rachel but relied upon the mother.

There were many opportunities for the social worker to make more of Rachel's achievements in relation to contemporary events. There were several very important experiences of loss for Rachel [e.g. moving house, moving school, losing friends] but none of them were mentioned within the recording. The absence of acknowledgement and praise of her ability to manage these experiences is a negative comment upon the social worker's sensitivity to the child.

Discussion

The social worker was more sensitive to the mother than the child. Although she was open to the child's experience, she did not give equal weight to concerns within the parent-child relationship. The child's experiences and achievements were obviously similar to the mother's and the social worker was a sensitive practitioner, but the child did not develop a persona within the counselling conversation or the recording. Therefore it is reasonable to conclude that in this case the model of intervention did not promote sensitivity for the child in the social worker.

C4: Danielle

The promotion of empathy and availability to the parent and child

The Parent

The social worker initially presented as an efficient agent who was able to help the father gain access to child care services. In their sessions she communicated a cool control, which the father needed and from which he derived great strength. He was able to explore very sensitive issues in his personal life and gained comfort from doing so. The outcome of this matching of styles was that he was able to be entirely honest with her, even about issues which made him feel very vulnerable.

The Child

The father was aware that Danielle was withdrawn and has had too many experiences of loss. The social worker explored her experiences with the father and in listening and not suggesting solutions, recognised the complexity of the family's problems.

However, there was one major flaw regarding Danielle which ran throughout the sessions and which made the social worker's genuine regard for the child conditional upon the father's. The father decided that he could not care for the children on his own and arranged for Danielle to live with her aunt. Throughout the process of change nobody involved Danielle by giving her information or asking her opinion of any of the decisions. The social worker suggested she spoke to her, but the father did not accept her offer. The offer itself was inappropriate because she was a stranger to Danielle, she had no relationship with her and no rapport. Notwithstanding these contra-indicators, she was suggesting that she discussed a critical life event with her in a single session, to be held at the school. The social worker appeared to be oblivious to the child's perception of this experience of a stranger at a critical time.

Although she did not interview Danielle, the father agreed to a local authority social worker seeing her in exactly these circumstances. The additional factor that applied here was that the father had left it until a time when the decisions had been made and

Danielle was not being asked at all but was presented with a *fait accompli*. There may be some support for this approach in not wanting to burden the child with information before it is necessary, but the way in which the information was finally given was so very unsatisfactory that it suggested that avoidance of the child's emotional distress was the motivating force, rather than child-centred practice.

This hypothesis was also supported by the historical data : the father's first family broke up in a similar fashion, which was identified as his solution to his problems at that time. The past could have informed the present for the social worker. If it had, and if she had been more sensitive to Danielle, she may have responded more forcefully on her behalf.

Her lack of sensitivity to Danielle's experience was also exemplified in the way in which she endorsed the father's explanation that he was going into hospital because he had a bad arm. This was the same explanation given to Danielle about her mother's illness and the associations for her were obvious, but the social worker did not draw attention to it in her session with the father or in the recording. If she had been an inexperienced practitioner the significance of this could have been tempered by her inexperience, but this social worker was very experienced and had been a senior social worker in her previous post. Therefore, endorsing his explanation was taken as an indicator of her inability to appreciate Danielle's experience and a mark of her insensitivity to the child. Her sensitivity to the father's concerns and preferred style suggested that even with an experienced social worker the model hindered the promotion of sensitivity to the child.

Acknowledging achievements and encouraging independence

The Parent

This was a delicate matter for the father because he felt he could only achieve independence at the cost of Danielle's care. He was not able to assume responsibility for her and her brother and, because he was not their birth father, did not appear to feel a

profound commitment to them. Independence for him was to live without the burden of the children.

The task then became one of managing the change in living arrangements without that damaging Danielle, the father or the relationship between them. The social worker handled this well for the father. She acknowledged all that he had achieved in bridging the illness and death periods for Danielle. She supported him to the point of transition for Danielle, at which time he precipitated the change by engineering a crisis which enabled him to avoid the final event. The social worker continued to support him and encouraged him to develop his relationship with Danielle but with little success.

The Child

The Rutter and CBLP record that Danielle responded to praise at school. There was little evidence of the social worker acknowledging her experiences in ways which would promote similar support at home. Although the recording was very detailed, the picture of Danielle was vague and insubstantial. Her personality, interests, likes and dislikes were not explored and her identity was never firmly established within the conversation between the social worker and the father.

Consequently, the social worker was unable to encourage the father to recognise or appreciate her experiences, other than the most obvious ones. His responses to the significant events were scored relatively positively by default because he did nothing actively to the detriment of the child. However, when he was required to respond to her unspoken needs, or act on her behalf, he was unable to do so. The social worker was similarly unable to promote Danielle's welfare. To have done this might have made a difference to her perception of herself as a bereaved child and facilitated her mourning.

Discussion

The social worker was very experienced and competent, therefore her inability to promote the welfare of the child reflected two of the major pitfalls of the cascade

model. Firstly, that the child can easily be subsumed within the adults' concerns and priorities and, secondly, that the child's pain can be avoided by both the parent and the social worker within the practice. The social worker imbalance within her practice was most apparent in the way in which she was able to understand and offer constructive responses to father's problems but at the expense of the child. Danielle's past experiences were not acknowledged in any meaningful way by the social worker. Instead she focused her concern and energies upon the pressing needs of the father.

The social worker was aware that to encourage independence for the father was to orchestrate the fragmentation of the home. She accepted his definition of independence and that it was inevitable. This determined the direction of her practice and was allowed to determine its nature. She managed it in a way which enabled the father to feel he had provided stability for Danielle, but Danielle's responses indicated the opposite was true for her.

The nature of the model of intervention limited the social worker's ability to understand the child's experience and consequently limited her ability to offer appropriate support to her. Insufficient attention was paid to Danielle's experiences and need for supportive praise and acknowledgement of her achievements. This was a missed opportunity to promote influential factors within her mourning environment. In this instance the cascade model afforded the child a much reduced service.

C5 : Joanna

The promotion of empathy and availability to the parent and child

The Parent

The social worker had a sympathetic view of the mother and was able to support her to recognise her need to mourn. The social worker was aware of the mother's sadness and vulnerability and expressed a wish to create an "atmosphere of caring" for her. She helped her to explore some very painful memories and express some of the anger

she felt, albeit inappropriately targeted some times at Joanna. The social worker was aware of the need to promote a different appreciation of Joanna's behaviour without that being perceived by the mother as being critical of her parenting.

By the end of the sessions the mother expressed the view that she had been supported and cared for, which she welcomed because she felt that she was usually the supporter and carer of others.

The Child

The social worker was aware that the mother was very negative towards Joanna. She needed to approach the mother's image of Joanna with care. In Session 1 she suggested that Joanna's desire to lie in the grave was an expression of her yearning not morbid, as the mother thought. There was little change in the mother's attitude to Joanna and by Session 4 she was still responding to her negatively.

The social worker tried to promote insight into Joanna's experiences and subsequent needs, but the mother's resources were very limited and she was not amenable to change.

Acknowledging achievements and encouraging independence

The Parent

The social worker acknowledged the mother's achievement holding the family together through the illness and death. She was also aware of the difficulties there had been with the extended family and how these had been managed by the mother. She listened attentively to her when she was trying to work out solutions to her current difficulties and supported her in her decision making, thereby encouraging her independence.

The Child

The social worker tried to establish a more positive view of Joanna within the family but had great difficulty. She adopted an overly passive stance which allowed the mother

to recite a list of Joanna's misdemeanours and short comings at every session which she did not explore. She did not seek to advance a more positive image by developing aspects of Joanna which were more attractive, or areas of her life in which she is known to be successful [e.g. school, hobbies] in order to counter her mother's negative image of her.

Discussion

The social worker established a good relationship with the mother which enabled her to explore her mourning. She tried to be available to the child but her genuine commitment to her was in doubt. She displayed a degree of passivity in relation to Joanna's difficulties which could have been perceived by the mother to be an implicit endorsement of her view of the child.

There was a distinct imbalance in the social worker's practice. She demonstrated genuine commitment and support for the mother, but this was not matched by her commitment to developing a more positive image of Joanna, which was clearly the area of greatest need within the parent-child relationship. The ambivalent parent-child relationship was unaffected by the intervention and Joanna's circumstances remained unchanged.

E1 : Adam

The promotion of empathy and availability to the parent and child

The Parent

The mother had been offered physical comfort from a nurse in the past which was neither asked for nor wanted. She explicitly stated to the social worker that she did not welcome such contact during the first session and neither did she want advice. The social worker observed that the mother defended herself against her emotions by presenting an incongruous smiling facade and being constantly busy. She recognised her need to retain her defences and was careful not to challenge or threaten them. Her

respect for the mother's need for self-protection through distance and control, even when she was distressed, showed great sensitivity and was the optimal approach.

The Child

Adam had also been frightened by the same nurse who gave him the unwanted and untimely gift of a book [*Badger's Parting Gifts*] which anticipated his father's death before he was ready or able to accept it. The story overwhelmed his defences and threatened his psychological integrity. She was aware that she could pose a similar threat to him and that she needed to prepare him for their sessions in advance and reinforce the element of control within their partnership. When a similar experience presented itself in the telling of the *Forever Friends* story [Session 2] she anticipated his need for additional resources. She encouraged him to think of what he might need in order to manage it and, with her help, he devised the third object solution [tiger toy with tissue] which allowed him to deflect attention from himself onto the toy if needed. This was the perfect solution and the tiger became Adam's friend in future sessions.

Acknowledging achievements and encouraging independence

The Parent

The social worker acknowledged the achievement inherent in the mother's ability to manage daily domestic tasks and affirmed her skills as a parent throughout the course of the sessions. She exemplified this in her appreciation of the mother's management of Adam's confusion about his father's head being beside the headstone. The mother demonstrated that she recognised the value of her achievement : she recalled that Adam had been able to clarify his understanding of this incident by remembering a previous explanation she had given him about death several months before when he had come across a dead beetle. the fact that her explanation had helped him then and now was a significant experience for the mother and helped crystallise in her own mind that she was a competent parent.

The Child

In Session , during the scales exercise, Adam doubted that he was able to manage the tensions generated by his emotions and said he was worried about how likeable he was. The two were linked because he was finding it difficult to manage his feelings and they were causing him to have angry outbursts at school and he was losing friends. During the story reading exercise his ability to manage his feelings was tested and he devised a strategy which allowed him to experience the emotional states and explore them with the social worker in a open manner, rather than remain defended against his mourning.

By the end of the intervention he had made great progress in this area and, in the second wave scales, he was sure that he was strong enough and that he could enjoy his explosive energy without it threatening his psychological integrity or causing him secondary problems.

Discussion

The social worker developed a sensitive appreciation of the mother's and Adam's needs for personal management strategies in situations of threat and discomfort. Her involvement with Adam enabled her to give him safe challenges experiences which required him to anticipate the outcome and manage that for himself. The context of their relationship afforded him the ideal situation in which to explore both the management of the experiences and their personal effects. She was able to provide a similar context for the mother's exploration of sensitive issues which enabled her to realise her parenting skills and grow in confidence.

The model of intervention drew on the social worker's natural sensitivity by enabling her to develop a relationship with both the parent and the child and thereby bridge the widening gap between them.

E3 : James

The promotion of empathy and availability to the parent and child

The Parent

The social worker respected the mother's need to maintain some distance which enabled her to explore some very sensitive issues with candour. She was developing a new sexual relationship which caused her great unease at times, she was also aware that her husband's tendency to restrict her social life meant that now she had the promise of fuller future. Although these were highly sensitive issues for the mother, the social worker did not recognise their importance. She commented that they had superficial conversations, similar to those she supposed the mother would have with any of her friends. Fortunately her interpretation did not interfere with the progress of the relationship but it was an appreciable error of judgement which reflected on the quality of her genuine sensitivity to the mother.

The Child

The social worker permitted James to establish control within the sessions. The quality of her practice was exemplified in the story exercise when James felt able to leave the room briefly as Molly's death approached. She recognised that he needed to punctuate the session in this fashion in order to manage the rest of the experience.

She commented [Session 6] that he was untouched by the ending of their relationship. This was very surprising because the previous week he had bought, signed and brought a birthday card for her and proudly informed one of the nurses, after the session, that he had done so. They shared the same birthday and he had remembered this from the first session. He clearly was fond of her or at least saw her as a very significant person in his life but she had difficulty acknowledging this.

Acknowledging achievements and encouraging independence

The Parent

The mother was aware that her marital relationship imposed restrictions upon her

social life : her husband did not encourage her to go out with her friends and neither did they go out together. By Session 6 she recognised that the development of a social life was a positive achievement. She also valued her newly acquired skill in managing the home, finances and the children.

The Child

James was very apprehensive about his emotions and had avoided exploring or expressing them as much as possible. In Session 3 the exercises required him to examine affects and their presentation in detail and he was unsure that he could manage but the social worker helped him by breaking it down into smaller items which he could manage. This episode was brought up again in Session 5 and James said that it was 'bad' feelings that were difficult. In Session 6 he said he did not have those worries and felt more positive about the future because of the therapeutic experience. The social worker was pleased for him and acknowledged what a long way he had come.

James derived great pleasure and kudos from his footballing skills. The social worker developed an interest in his team and praised his achievements when he played

Discussion

The social worker's respect for the mother's need for defensive distance enabled her to explore sensitive issues in their sessions. She recorded the mother's pleasure at her achievements in a manner which indicated her recognition of their significance.

She was sensitive to James' coping style and allowed him to set the pace during each session. However, she misinterpreted his 'closed' coping style as being unattached to her, in spite of numerous examples of how much he valued her. She assessed her relationships to both of them in ways which diminished its value but fortunately this misperception did not have any obvious detrimental effects upon her practice. She was pleased by the way James had benefited from her involvement.

E4 : Holly

The promotion of empathy and availability to the parent and child

The Parent

The social worker recognised the mother's sadness and loneliness but she described her in Transactional Analysis terms which gave a patronising gloss to her insights. She defined the mother as predominantly in Child and her need for support as indicative of her being overly dependent. She described the mother's relationship with her mother as enmeshed and disabling, rather than close and supportive. This last set of judgements was based on little experience of the mother and none of the maternal grandmother.

She is aware that the mother's profound vulnerability could lead to dependency but the descriptive terms she employed indicated an underlying bias to her practice which made her empathy and availability conditional upon the mother's ability not to want comfort. It appeared that the social worker applied a double-bind paradigm : the mother's need for comfort was a sign that she should not need comfort. This is discussed in greater detail in the following chapter.

The Child

Holly was not a child who welcomed physical contact. At no time did she invite or offer hugs or extended eye-to-eye contact. When she became distressed she tended to apply a brake to the experience by leaving the room or creating a diversion. Although this is a successful tactic for Holly, it created a negative view of her in the social worker who defined her coping strategy as Holly being difficult to manage.

There was one occasion, during Session 4, when she made a major error of professional judgement and compromised the secure base of her relationship with Holly. Holly had introduced the topic of being smacked which both adults had ignored on three occasions. After the fourth reference the social worker responded by holding her by her upper arms and pulling her down onto her lap and holding her there while she questioned her

closely and at some length. Holly was squirming and covered her ears because she could not tolerate what the social worker was saying. Her mother told her to listen properly. The social worker's behaviour was oppressive and abusive, transgressed the tenets of the counselling relationship and blatantly disregarded Holly known need for safe distance.

The level of insensitivity to the child in this episode was remarkable, particularly because the social worker was an experienced child-care social worker who was currently training to be a psychotherapist, both of which could have been considered to be indicators of a basic level of sensitivity.

Acknowledging achievements and encouraging independence

The Parent

The social worker was very impressed by the manner in which the mother cleared the father's rubbish from the garden and redecorated the house. She praised her for her energy and organisation skills. The mother rated these achievements very highly, and compared herself at two months after father's death to a neighbour who had not 'managed' it four years after her bereavement.

The social worker was also aware that the father was systematically being eradicated from the house. The mother's need to initiate her mourning appeared to depend upon this and recreating the funeral. The original service had been unsatisfactory and the social worker collaborated with her and the hospice chaplain to arrange another service.

The Child

The social worker reported that she praised Holly throughout the sessions for being able to manage the tasks within the playwork book. She developed a relationship with Holly which Holly enjoyed but the social worker had several pervasive reservations about her which were manifested in her lack of commitment to her sessions, as

manifested in her inconsistent preparation. It would also explain why there was little conversation between them outside of the exercises.

Discussion

The social worker's ambivalence to parent and child underpinned and determined her practice. The structure of the intervention enabled the mother and Holly to receive a similar experience to others in their group but the quality of their experience was compromised by the social worker's attitude. The genuine level of sensitivity in this worker was masked by the appearance of sensitivity, which varied between mother and child. She was far less tolerant of Holly than the mother and effectively took advantage of the imbalance of power integral to any adult-child relationship to control or coerce Holly within the sessions in ways which ran counter to the principles of the sensitive, secure base and counter to the ethics of counselling. In light of this data it was unsurprising that although she had derived pleasure from the experience, Holly evaluated no overall improvement for herself.

Section 4

Additional Case Material Relating To The Analysis Of The Social Workers' Abilities To Construct A Balanced Model Of The Parent-Child Relationship

Introduction

The following cases, C1, C2, C4, C6, E1, E2 and E4 were analysed in the same manner as those presented in the main body of the text and offer additional support for the discussion and hypotheses formed there.

Case Studies

Control Group

C1 : Edward

Unconditional Acceptance

The social worker demonstrated genuine acceptance of the mother and her concerns at all times. She observed elements of projection within the dynamic of the mother's concerns for the child which she worked with appropriately.

Non-judgemental Attitude : An Indicator Of Impartiality

The social worker's comments were balanced and non-judgemental as was her attitude in her practice. She made several comments which demonstrated a genuinely child-centred approach in her practice.

The Construction Of Separate Relationships

The social worker attended to Edward's and his mother's needs in a balanced and even handed manner throughout.

Development And Communication Of Empathy

The Parent

The social worker was sensitive to the mother's needs. She recognised her

vulnerabilities and sought to promote competence in those areas.

The Child

The social worker defined Edward's distress as mourning related and promoted a sympathetic view of him with his mother whilst not diminishing the problems they presented within their relationship. She extended her concern for him to his difficulties at school, thereby demonstrating her genuine commitment to him.

Discussion

The social worker's demeanour throughout the sessions, her calm and organised approach and sensitive awareness of the significance of issues as they arose communicated her genuine concern and empathy for Edward and his mother.

C2: Jane

Unconditional Acceptance

The social worker expressed reservations about the father throughout the intervention. Her comments about his inability to understand Jane's need to mourn were irritable and mildly disapproving. Her negative feelings increased and were exemplified in the language she used [see below] to describe some of his emotions and actions.

She was also critical of his tendencies to idealise, to 'gloss over any flaws' in his relationship with his wife, and his resentment of the infant Jane as the interloper in his relationship with his wife. She tried to work dispassionately with him but it was very difficult.

She maintained a child-centred approach throughout, keeping a strong focus on Jane's experiences regardless of the terms in which the father described them. The father perceived her to be unconditionally accepting of him, but the truer picture lay below the surface.

Non-Judgemental Attitude : An Indicator Of Impartiality

The social worker repeatedly used terms which indicated her partiality. She had increasing difficulty controlling her animosity for the father. She decried his coping strategies without analysing their sources and was unable to reframe his behaviour in terms of managing overwhelming anxiety by breaking the threat down into manageable tasks. In Session 5 she encapsulated her view of him as the following record shows:

He is a perfectionist and has up to now striven to present that he is dealing with each situation in the correct way, having established in his eyes what is the 'correct' way by obtaining 'correct' information.

He had been very insensitive to Jane and unable to adapt but at no time did the social worker express any compassion for him or seek to understand why he behaved in this way. The information was there in his own childhood but neither she nor he were able to make the connections. The only positive outcome was that each criticism of the father was matched with increased empathy with Jane. Unfortunately this did not produce any benefits for her.

The Construction Of Separate Relationships

The sessions were arranged when the children were at school. On one occasion the social worker deliberately arranged a session for mid-afternoon so that the children would arrive home after an hour. When Jane came home she was sent almost immediately to her room because, the social worker felt, the father would not share her with the Jane. She did develop a sense of what Jane was like but was unable to draw a more substantial picture because of the father's need to have her undivided attention.

Development and Communication of Empathy

The Parent

The social worker was aware that the father was out of his depth. On this level she could identify with him, understand his concerns and why he responded as he did. She communicated her sympathy [see Unconditional Acceptance] whilst controlling her

antipathy. Had she attempted to reframe her view of him in terms of his background and learned coping strategies, she might have found it less fraught.

The Child

Although she did not meet Jane in any meaningful way, she maintained an empathic view of her throughout, heightened in part by her antipathy for the father.

Discussion

The social worker maintained a child-centred approach regardless of, or perhaps partly because of the terms in which the father described and responded to Jane. Her acceptance of the child's experience was unconditional and the father perceived her to be equally accepting of him, but her truer feelings were expressed in the recording. In effect, the process of the sessions was that by complaining to the social worker about Jane, the father enhanced her empathy for the child and her hostility for him, which for him was the reverse of what was desired. The fact that the father believed the social worker to be sympathetic possibly facilitated the work with him. The reality was very different and it would be highly unlikely that the intensity of antipathy the social worker felt for him did not influence her practice.

C4: Danielle

Unconditional Acceptance

The social worker appreciated the father's great need for support in order to hold himself and the family together. Her recording showed she was concerned for him because of his vulnerability and respected his honesty with her.

She was similarly concerned for Danielle but did not express it in the same terms. This imbalance was exemplified in the way in which she considered it necessary to discuss matters pertaining to the children before getting down to the substance of the session with the father, as if the former was a legitimate focus for concern but an obstacle to the real purpose of her contact that day.

Non-Judgemental Attitude : An Indicator Of Impartiality

She did not use prescriptive or judgemental language other than when she described Danielle as 'bossy' at home [see session 6]. She included this comment in parenthesis which clearly implied that it was either the father's or some other person's term.

The Construction Of Separate Relationships

She established a good relationship with the father which enabled him to make the most of the opportunity of counselling at this critical time. His low-self-esteem meant that her regard for him was a significant element in their relationship.

The recording indicated that she did not pursue Danielle's concerns with the same energy and determination as the father's. This was especially significant because Danielle's home situation deteriorated rapidly during the intervention and she eventually went to live with relatives. The social worker's lack of initiative on Danielle's part demonstrated a lack of genuine commitment to her well-being and a preference for the father.

Development And Communication Of Empathy

The Parent : The Child

The social worker had great empathy for the father but demonstrated little appreciation of Danielle's experiences or needs.

Discussion

The social worker was not judgemental but did manifest a preference for the father's concerns over those of Danielle. This was most clearly demonstrated in the manner in which she apportioned the time within the sessions and the way in which she did or did not generate resources for either of them. The imbalance that the model permitted was detrimental to Danielle's well-being. She withdrew increasingly into herself and appeared to become depressed. She was not receptive to anyone's offers of help and seemed at risk of more serious disturbance.

C6 : Andrew

Unconditional Acceptance

The social worker supported the mother in her need for support with Andrew and in her mourning. She accepted her definition that Andrew's problems in school would be solved if he were given extra resources, which the mother secured for him. At the same time the social worker also accepted the teacher's opinion that Andrew had all the help he could reasonably expect and his problems were because of his mother who the teacher reported to be cool and demanding. The social worker tried to hold on to Andrew's experience of these people and his perspective on events. She persevered in promoting his experience of these in order to enhance the mother's sensitivity and adapt her responses to him.

Non-Judgemental Attitude : An Indicator Of Impartiality

The social worker did exhibit some bias against Andrew as portrayed in her use of language. She used value-laden terms such as 'demanding' and 'attention-seeking' to describe his unassuaged anxiety, which indicated an underlying bias against his perspective, but these were countered by an equal number of statements about his behaviour and her declared and enacted intention of promoting a more sympathetic view of him in his mother's eyes. In light of the balance of statements and her child-centred practice, the terms she chose were probably no more than ill-considered jargon.

The Construction Of Separate Relationships

The social worker constructed separate models of the child's and parent's experiences which informed her practice. She worked with the parent-child relationship rather than one party or the other. She was able to extend this skill further by constructing a third model for the teacher which enhanced rather than clouded the clarity of her view.

Development And Communication Of Empathy

The Parent

The social worker communicated a warm acceptance of the mother's concerns and a

genuine belief in their importance. She devoted considerable energy to considering ways of managing the practical problems. She encouraged the mother not to define her emotional fragility in terms which were self-denigrating, but to recognise her vulnerabilities and work with them.

The Child

She generated a similarly accepting attitude towards Andrew although on occasion she communicated a slight reserve which bordered on bias.

Discussion

The social worker was able to hold three differing views of the same set of behaviours without that compromising the focus of her practice. Although she used some judgemental language, the underlying values were not evident in her practice. Consequently I concluded that she was using jargon as a short cut to describing the behaviour without adhering to the value system attached to the terms.

The social worker's concern for the mother was based on empathy and she demonstrated genuine commitment to the parent-child relationship in her practice. There was a slight bias of concern for the mother which, although not actively against the child, nevertheless created an imbalance. The mother's sensitivity to the child and her willingness to act on his behalf contributed significantly to the outcome.

Experimental Group

E1 : Adam

Unconditional Acceptance

The social worker recognised the mother's reticence as a necessary defence mechanism and enabled her to explore her mourning in ways best suited to her. In doing so she made the greatest progress possible. She recognised and respected Adam's need to maintain his defences. She accepted his fears and in not trying to provide instant

solutions, gave them their appropriate status.

Non-Judgemental Attitude : An Indicator Of Impartiality

The social worker recognised that the mother's main concern was her ability to parent which in turn defined Adam's behaviour as a challenge to her competence. The social worker's analysis of the presenting difficulties was based upon the parent-child relationship and not attributed to one or other party.

She did not use judgemental terms when describing the mother but she did have some difficulty accepting Adam's use of humour and sometimes described him as being 'silly' when he was threatened by the material or needing to retreat temporarily. Although they both used humour constructively within the sessions, the social worker did not always appreciate his defensive use of it and at times used terms which denoted mild irritation with him.

The Construction Of Separate Relationships

The social worker focused clearly on the issues raised by the mother at each session. She demonstrated unequivocal commitment to her, on her terms and at her pace.

She was interested in Adam and enjoyed his company and the insights he developed within their sessions. She enabled him to explore his feelings and the confusions he had about what happened to his father. She demonstrated an equal commitment to this relationship and maintained firm boundaries of confidentiality between the two.

Development And Communication Of Empathy

The Parent

This was a critical issue for the mother. In the past other people she had turned to had given unwanted advice or warnings [priest] and comfort [nurse's hugs]. When she told the social worker this she recognised the oblique instruction about preferred distance. She also told her in a similar manner that she was not happy being tearful and has

difficulty trusting strangers because of her childhood experience of being let down and possibly abused [?] by her alcoholic father. The social worker's empathy was demonstrated in her sensitive approach. She neither approached nor withdrew when the mother was distressed and eventually the mother entrusted her with her deepest feelings and secrets.

The Child

The social worker knew that Adam had been frightened by the Macmillan nurse and anticipated that he may have fears about her too. To allay his fears, she arranged a pre-session visit to the room.

She resisted getting too close to him and listened attentively to him and remembered everything he said to her during the sessions. They developed in-jokes and he was at ease with her. His trust in her was manifested in the way in which he was able to tolerate the story and explored several sensitive issues with her in the sessions.

Discussion

Her sensitivity enabled her to accept both Adam and his mother unconditionally. There were times when she had some difficulty in understanding and accommodating their defences, the mother's controlled distance and Adam's use of humour, but her general tolerance overcame any reservations she had. She valued each relationship for itself and did not compare them, or blur the boundaries between them. She demonstrated empathy with both parent and child because she was aware of the significance of their behaviours and consequently accommodated them within her counselling style.

E2 : Campbell

Unconditional Acceptance

The social worker made careful assessments of Campbell and his father and, because her constructs were based on sound judgements, she was able to be flexible.

She did not make judgemental statements about either of them. Despite the difficulties she had establishing a relationship with the father, she defined his behaviour in terms of his defences and managed it with humour and compassion. He responded in later sessions to her unconditional acceptance of him with greater intimacy than she could have expected from the early sessions.

Through the medium of the playwork book and her personal demeanour Campbell quickly realised her acceptance of him and readily trusted her.

Non-Judgemental Attitude : An Indicator Of Impartiality

The social worker managed the delicate balance of the intimacy of the counselling relationship and the father's need to maintain safe distance with great skill and tact. Her approach enabled him to explain what he needed and they established a good working relationship as a result. In being able to base her professional stance on good theoretical principles, she was able to tolerate the paradox which characterised their relationship and eventually she was allowed to be closer to him than either of them originally thought possible.

The social worker did not subscribe to the father's definition of Campbell being 'moody' or his difficulty in managing emotional pressure as 'bullying'. She included these terms when recording Campbell's sessions, but within a construct which defined them as reasonable responses to his anxieties.

The Construction Of Separate Relationships

The relationships are so different that there is no blurring of styles. The only problem arose in Session 4 when she allowed her relationship with the father to dominate the session. Although she respond well to Campbell, her exchanges favoured her style with the father. Campbell's ease with both of them bridged the gap.

Development And Communication Of Empathy

The Parent

The social worker's ability to wait at a distance was the empathy the father wanted. He effectively told her he did not want an emotional exploration during the first session. The empathy he wanted was that she would allow him to remain defended.

The Child

Her sincerity and sensitivity to Campbell were apparent to him from the Session 1 onwards. He had no doubt about her trustworthiness, authenticity and commitment to him.

Discussion

The social worker's expertise was severely tested by the father. The apparent ease and equanimity with which she achieved the balance her required of her belied the difficulties it posed to her practice and the goals of the research.

She was balanced and impartial throughout this very testing case. She maintained a respectful distance from the father which was reflected in her careful language and resulted in inevitably sketchy detail in the session records. The well-rounded relationship she had with Campbell was reflected his session records. Although the latter was more satisfying, she made no comparisons other than constructive analysis. Her personal style coupled with her professional skills enabled her to construct two very different relationships and establish individually appropriate styles which communicated her empathy for each of them.

E4 : Holly

Unconditional Acceptance

The mother's ambivalent attitude towards Holly emerged during the Session 1. She projected negative paternal characteristics onto her and invited the social worker to

agree with her. The social worker did not challenge or redefine Holly's behaviours in a sufficiently strenuous or determined manner but colluded with her. This hypothesis was supported by her attitude to Holly which was similarly ambivalent and compromised their relationship throughout the intervention.

The social worker used Transactional Analysis theory in her analysis of the mother and her relationship with her. She considered the mother to be overly dependent and stated that she needed to be encouraged to be kept in Adult rather than the Child mode she had established in many of her other adult relationships. If this was so then the competition between mother and Holly to be the child in the family would explain some of the difficulties that had arisen in the parent-child relationship. It should also have alerted the social worker to the need for her to avoid adopting the Critical Parent role and for her to communicate explicit unconditional acceptance of the mother. Unfortunately the mother was unable to adapt sufficiently to modify the social worker's view of her which remained somewhat negative. It seemed that the critical element in the equation, applying the analysis to the practice, was missed and the social worker used her analysis to criticise rather than understand Holly and her mother [see below].

Non-Judgemental Attitude : An Indicator Of Impartiality

The social worker actively colluded with the mother's projection. She used concepts and language after Session 1 which indicated a highly judgemental attitude.

e.g. Parent Counselling Session 1

Holly is emerging as a 'precocious, hyperactive' child in my mind.

Her attitude was compounded after the meeting with the teachers.

e.g. Family Profile

I am gathering a general picture from teachers [and indeed from what I see] that Holly not only rules the house but always has.

The social worker attributed responsibility for the parenting difficulties to Holly regardless of what she knew to have been a difficult, long term situation at home between the parents. The factor that supported this view more than any other was that at this point the social worker had not even had her first session with Holly.

After Session 1 with Holly she expressed pleasure in her company but there was a slight edge to her tone which developed in subsequent records.

e.g. Child Counselling Session 1

Holly was shy for all of 3 minutes.

She communicates very spontaneously

and had lots of good suggestions as to

how to do our work together.....

She's a nice little girl and we got on fine.

The way in which she used the term 'shy' communicated her lack of awareness of Holly's anxiety about being alone with her for the first time. The record revealed that Holly had managed her anxiety with boisterous activity which the social worker mistook for absolute confidence rather than the defence strategy of an anxious child in a strange situation. Later records revealed that she did not want Holly's 'suggestions' because they got in the way of her timetable for the session and her use of the term 'nice' has a controlled condescension which also developed in later sessions.

Her attitude to the mother was different : she felt sorry for her and sympathised with how difficult Holly must be to manage and how her 'temper' must be exhausting. She balanced her leitmotif of negative criticism of Holly with an awareness that she needed positive reinforcement in order to adapt her behaviours and drew the mother's attention to the need to offer Holly praise as well as punishment.

She was increasingly committed to the mother's definition of the child in their sessions, and alternately approving and critical of Holly as the sessions progressed. In effect the social worker reflected the same ambivalence for Holly that her mother felt which left Holly in the same position with her mother at the end of the intervention as she was at the beginning. This was Holly's view too [see Appendix 1: Child Self-Rating scores].

The Construction Of Separate Relationships

The social worker's collusion with the mother's view of Holly profoundly compromised her ability to establish and maintain independent relationships. In the early sessions she attempted to enhance the quality of security for Holly by encouraging changes in the mother's behaviour. Although this reflected her awareness of Holly's needs, the bias of the later sessions indicated that her model of the parent-child relationship was biased and that the problems arose largely from Holly's misdemeanours rather than the mother's inconsistent parenting.

The fourth session contained several examples of the social worker's conditional acceptance of Holly and preference for the mother's wishes and needs [see Sensitivity]. This became the tenor of the last sessions. Although she pursued the mother's concerns about Holly's night terrors, she did not attempt to develop insight in her to Holly's experience of her father. The work she pursued with the mother was valuable but her prejudice for the mother, albeit ambivalent at times, prohibited change for Holly.

Development And Communication Of Empathy

The Parent

The social worker described the mother's distress and her responses to it in terms which indicated a good understanding of her experience and compassion for her situation. She responded sensitively to the mother's initial expressions of distress by observing and noting it but not reacting. She encouraged her to explore her feelings and reassured that she was strong enough to hear and to hold her distress, which she did. She demonstrated a capacity to appreciate the mother's situation in a manner which enabled her to explore it fully and express some affects and thoughts about the father which she had been very hesitant to disclose.

The Child

Holly was wary of the social worker initially and defensive. Although her behaviour during the sessions had the appearance of confident social ease, she controlled the space

between them at all times. She oscillated between close shared activity and bursts of spontaneous energy, typical of anxious ambivalence. Each time she needed to retreat the social worker defined it as her inability to concentrate. This may have been the case some times, but at others it reflected the social worker's inability to allow Holly to have genuine control within their relationship. On these occasions, when the social worker was determined Holly was going to complete the exercise, the child would pull away all the more. It was at such times that the social worker's rigidity was most noticeable and the parallels between Holly's relationships with her mother and the social worker were most evident.

The work continued with difficulty and, in our telephone conversations, I suggested that Holly be allowed to have regular, non-book breaks to help punctuate the sessions and allow her to choose an activity herself. Although the social worker agreed this would be a useful management technique, she did not allow Holly these breaks which resulted in her defining the book and child as the problems.

The social worker did not question her own practice. Her lack of professional insight was further underlined by her inappropriate explanation about the father's anger which contradicted the mother's understanding and compromised Holly's loyalty and security with her mother [see Chapter 9]. Her lack of empathy for Holly within the parent-child relationship, which was the primary focus of the intervention, was clearly demonstrated here.

Discussion

The social worker was highly selective in her use of her skills. She was able to observe, analyse and respond to the mother but did not afford Holly the same professional respect. She did not question her own practice even when she caused conflict between the parent and child. Further to this, when Holly's sessions became difficult she blamed the child. After consulting me about adaptations to the sessions, which she did not follow, she then blamed the child, the playwork book, and, I suspect,

the researcher.

By applying a Transactional Analysis construct to the relationships she developed a model of the parent-child relationship which simultaneously colluded with the mother against Holly and was condescending to the mother. She colluded with the mother's ambivalent attitude towards Holly before she even met her. The teacher's comments prejudiced her and she accepted the negative paternal traits the mother projected onto Holly. Consequently she was unable to establish an unconditional regard for her.

The manner in which she so readily adopted this negative position raises the question of why this came about? What were the secondary gains for the social worker?

Although there was not enough clear data on the social worker to draw firmer conclusions, the picture that emerged that this model of the mother and Holly absolved her from responsibility to effect change. If they changed then she was a good social worker, if they did not then they were naughty children.

Another possible explanation is that she was disorganised herself, which she recognised as a problem for her because she commented upon it during the training and in later conversations [see Appendix 1 : sections f & g] . It may have been that she recognised her own disorganisation in the mother and child and was criticising them for the qualities she could not tolerate in herself. The use of the Transactional Analysis construct adds support for this hypothesis in that the model is weighted in favour of the social worker placing herself in Adult or Parent, a position of authority or control, as a given. If she does not feel very in control of her practice or herself at times, then this model affords her the appearance of the control she lacks, but works against the need for impartiality in the counselling relationship because of the manner in which it is applied. The data and personal experience of the social worker are coherent with this hypothesis and suggest that, even when the referral criteria are met, there are certain conditions which mitigate against direct work with the child being the method of choice.

Section 5

Additional Case Material Relating To The Analysis Of The Child's Competence

Introduction

The following cases, C2, C3, C5, C6, E2, E3 and E4 were analysed in the same manner as those presented in the main body of the text and offer additional support for the discussion and hypotheses formed there.

Case Studies

C2 : Jane [8 years]

Resourcefulness

Jane's ability to be resourceful at home was compromised by the nature of her relationship with her father[see Chapter 9]. She managed his hostile rejection of her need for help by avoiding situations of threat until he confronted her with their repercussions [e.g. wet sheets, mattress etc.]. When she went to Brownie camp she manifested the same maladaptive responses.

Whilst away she had enuresis but did not go to anyone for help, consequently she slept in a wet sleeping bag every night. This must have been very unpleasant for her but was outweighed by the cost of seeking help from one of the Brownie leaders. She developed a coping pattern at home and transferred it wholesale to another situation which suggested that she was unable to adapt or identify other adults as resources for her. This conclusion was supported by her reticence to seek help at school from her teacher, who was known to be approachable but who, nevertheless, did not approach Jane.

Organisational Skills

Jane organised herself well at school. She also organised her separation away from home well [Brownie camp] and took the toys she needed in order to feel safe. She was

reported to have enjoyed being away although there was no record of any conversation about it.

Demeanour and Attitude

She was a quiet child who, according to her teacher had an “unassuming manner”. When she was frustrated by her father ignoring her she became more assertive, but this did not generate the desired response. Passive compliance was the safest option.

Academic Performance

She maintained a steady performance level at school. Her father defined her as dull-bright in comparison to her younger sister who was said to find academic tasks easier than Jane. It was likely that Jane was very aware of this league of learning in the household. At the end of the intervention her teacher considered her to be fearful of new situations and that she had raised levels of anxiety when presented with challenges.

Discussion

An objective assessment would conclude that she demonstrated poor levels of resourcefulness but, when viewed in the context of the punitive responses her father had made to her to date, her avoidance of threat by delaying tactics was understandable although not constructive. She maintained an even standard at school but did not demonstrate any initiative in exploring the world and was positively fearful of new experiences. She developed a predominantly passive, compliant posture which in the circumstances was a reasonable defence.

C3 : Rachel [5 years]

Resourcefulness

When distressed or anxious at home Rachel would hang onto her mother’s clothes or follow her round. This was not always well received but Rachel could not devise or discover other ways of managing her distress. Her mother became less rejecting over

time which made the strategy more rewarding for Rachel.

At school when Rachel felt overwhelmed she would find the teacher or her assistant and seek comfort from being near them [e.g. holding hands, sitting on their laps]. She did this in a manner appropriate to the context and nature of the relationship, but the frequency was sometimes a problem for the adults.

Organisational Skills

Rachel kept up with the academic timetable at school and made progress with her speech therapy exercises to the extent that she overcame her mild impediment.

Demeanour and Attitude

She presented as a quiet, rather sad little girl who was at times quite forlorn. She had little sparkle about her and tended to follow rather than lead.

Academic Performance

Her academic performance was rated as average to poor, but she had only just started school 6 weeks after her bereavement. Her level of achievement did not raise any particular concerns among the teachers and remained stable.

Discussion

Rachel was able to identify her need for comfort and approached her mother and other females with varying degrees of satisfaction. She was able to manage, but remained sad and forlorn which indicated that she did not feel more positive about herself by the end of the intervention.

C5 : Joanna [7 years]

Resourcefulness

It was difficult for Joanna to be more resourceful than she was because the responses

she received when in situations that posed a challenge, were often negative. Her insecure environment coerced her into creating boundaries in order to control her experiences. Eventually she elected to turn inwards rather than seek out others, which resulted in little perceptible improvement in her status.

Joanna's inward-turning lead her to seek to establish control within personal areas of her life. This was manifested in the development of ritualistic behaviours. The routines ranged in degree from patterns of personal style [e.g. slow eating, a set process for preparing for bed etc.] to meticulous attention to every aspect of her appearance. The maladaptiveness of her responses was reflected in the overt criticism these strategies generated from her parent and other family members and in the way in which she remained primed for alarm. She was very sensitive to any experiences which held echoes of previous losses. Her heightened vigilance indicated that her responses were not resourceful solutions because they did not assuage her anxiety and created secondary problems of collective criticism for her.

Organisational Skills

Joanna was able to manage a change of school and kept up with the academic timetable. She was able to organise herself at home but in an obsessional manner.

Demeanour and Attitude

It was very unfortunate that Joanna was unable to be more resourceful or that her family were unable to make the necessary changes on her behalf. Her repeated experiences of rejection resulted in Joanna retreating into grumbling anger, which was labelled by other people as being 'moody', and her need for personal control was labelled as being 'fastidious'. Neither of these definitions was helpful and both perpetuated the negative cycle.

Academic Performance

Joanna achieved well at school and her academic performance did not falter. She had

three changes of school in the year following her bereavement and had been refused help with her school work by her mother, which made the achievement especially significant.

Discussion

Joanna was aware of situations of threat but was unable to construct adaptive strategies to manage them. The strategies she did develop generated a negative spiral of responses which maintained her anxiety. Her ritualistic behaviours indicated a reluctance to explore the world, but the fact that she was able to achieve well at school indicated an ability to respond to challenges in that arena. It may have been the case that the structure of school and the shared nature of the classroom experience made academic challenges easier to manage because they had distinct and shared boundaries.

C6 : Andrew [9 years]

Resourcefulness

Andrew talked rapidly when he felt anxious. He would ask questions but not wait to hear the answers; sometimes he conducted a running commentary on how external events were making him feel or how he interpreted them. His talkativeness was perceived by his mother to be a screen of sound, a defence against otherwise intolerable anxiety. It did not alter appreciably during the intervention and caused him some secondary difficulties. Sometimes his mother could not remain patient and teaching staff were not always able to accommodate his behaviour in class.

There were examples of Andrew responding to situations of threat by checking and testing the boundaries, sometimes beyond reasonable limits, which caused him secondary problems [e.g. a new teacher labelled him a difficult pupil and the label was hard to change]. He used to tell his mother when he had been in trouble at school but because sometimes she was cross with him, he was reluctant to report every incident. Avoidance usually resulted in delayed retribution, whereas immediate disclosure was

sometimes met with understanding. It was a delicate balance for Andrew to manage.

When he was offered additional resources at school, because he was having difficulty keeping up, he responded positively and was able to make good progress as a result.

Organisational Skills

Andrew had limited ability to organise himself. At school he had a tendency to lose or forget books and he was not always able to concentrate. However, he demonstrated an ability to acquire skills and use them appropriately in situations at home [e.g. helped to cook a meal when his mother was ill]. He responded well to praise and consistent routine.

Demeanour and Attitude

Andrew was impulsive and occasionally inappropriately assertive, which alienated him from his peers and was unacceptable to some adults. He had poor motor skills which made him less attractive to the teacher. His mother defined these traits as vulnerabilities which warranted extra care and resources for him, not less.

Academic Performance

His academic achievement level was average to poor because his motor skills inhibited writing, but his oral work was of a much higher standard. He demonstrated insight and creative thinking in his conversation.

Discussion

Andrew was aware that he had difficulties at school but, like any child, was selective in what he told his mother. He managed these delicate situations with a degree of discernment: he appeared to balance the chances of being punished for naughtiness, against the incident being understood as beyond his control and being helped by his mother. Although he managed these events in a reasonable manner, he was unable to adapt the behaviours which caused the problems in the first place. However, although

unable to initiate change for himself, he was able to respond positively to the offer of resources by others and thereby reduced his anxieties at school.

Andrew's lack of insight and inability to control his impulsive tendencies limited his competence and there was only a slight improvement which resulted from the response of others rather than from resources generated by himself.

Experimental Group

E2 : Campbell [10 years]

Resourcefulness

Campbell knew he needed more help than his father could manage and recognised the social worker as the person to provide it. He referred to this in reverse in the All About Me session when he said that for the social worker meeting him was the best thing that happened to her that year. He also knew he needed help from people other than his father and, during the course of the intervention, constructed a network of people around him which enhanced his relationship with his father by removing the pressure upon him to provide what he could not.

Organisational Skills

He approached the first session with great apprehension and managed it by bringing his father and younger brother into the room and keeping them there until he felt safe to be on his own. At every subsequent session he organised the furniture [e.g. got the chairs out, moved the table etc.] thereby establishing himself within the room and creating some space around the beginning of the session which he needed to control.

During the Affect Recognition exercise in the second session, he was visibly threatened by the range of emotions he was obliged to contemplate. He managed the exercise by choosing the ones he felt sure about first and then managed the others by devising his own sequence. This approach lowered his anxiety, making the task manageable and

enabling him to explore the various states in some depth. He went on to explore emotional states much more freely in the All About Me session, which indicated that he felt more competent to manage these exploratory experiences as a result of the process of the intervention.

He always remembered the materials relevant to that session when they were his responsibility [e.g. coloured pictures, photographs etc.] and was equally well organised at school.

Demeanour and Attitude

He presented as a boy with a lively sense of humour and a readiness to be friendly. He sometimes became overwhelmed with internal tension which resulted in aggressive outbursts, but the incidence of these diminished over the course of the intervention. He also manifested less disruptive behaviour generally and responded to reprimands and boundaries better. He seemed to become less troubled.

Academic Performance

There was a marked improvement in his behaviour at school. He was able to concentrate better and accepted the discipline of the classroom with more ease.

Discussion

Campbell was able to recognise his need for help and approached the social worker with appropriate caution. He recognised situations of threat and initially managed them with equal caution. Later he progressed to manage them directly, either by telling the social worker when he felt vulnerable and seeking her help, or by approaching the difficulty gradually and managing it in stages. Both were very effective and indicative of insight informing his management decisions.

He came to enjoy his relationship with the social worker which he defined as a positive choice for himself. He was able to take responsibility for himself within the sessions

as well as organise the room to his liking and in a manner which contributed to the sessions rather than disrupted or dominated them. The experience of the sessions was very positive for Campbell and had a marked effect upon the quality of his competence.

E3 : James [7 years]

Resourcefulness

James was able to seek help appropriately at school from his class teacher. He had tried asking his mother to help him with his sadness but her responses were unsatisfactory and he knew that she was not a resource for him at this time. He recognised the social worker's offer of help and accepted her readily.

He did not perceive any of these needs to be diminishing and had a better self-image at the end of the intervention than at the beginning because he had learned to manage these new experiences of himself. He demonstrated his genuine pleasure in and need of the relationship by seeking to continue it appropriately.

Organisational Skills

James became very uncomfortable during exercises which explored emotions. He wanted to avoid them for fear they would overwhelm him. However, he was pleasantly surprised by the way in which he was able to manage the exploratory exercises when emotional states were broken down into smaller parts. He built on this positive experience by being able to talk more freely in later sessions about emotions and came to explore his mourning with similar openness.

He was prepared for every session and presented as being very capable of managing his responsibilities in every other area of his life as appropriate for a child of his age.

Demeanour and Attitude

He had a pleasant and sociable manner. He demonstrated a balance of compliance and

self-assertion indicative of a well-adjusted child. He had angry outbursts at home with his sister but these were not excessive and within the range of sibling behaviour.

He entered each session with enthusiasm and energy and maintained good levels of concentration and commitment to the tasks presented, some of which he extended with his own conversation. During the All About Me session he presented as a very pleasant, articulate and thoughtful child who was able to blend his sense of humour with episodes of appropriate seriousness.

Academic Performance

There were no problems in this area.

Discussion

James knew he needed help which readily accepted without it appearing to diminish his self-esteem. He approached the sessions cautiously at first until he was sure of the boundaries, and then he engaged with the experience wholeheartedly. He organised himself well generally and was mentally well prepared for each session, which indicated that he was thinking about them between times and internalising his relationship with the social worker.

The therapeutic experience enabled James to explore territory which was formerly too dangerous. He developed new coping strategies which enabled him to manage these experiences and was strengthened by their positive outcomes. He became more competent as a result.

E4 : Holly [5 years]

Resourcefulness

From the first session onwards Holly was very committed to her relationship with the social worker. She recognised that her mother was unable to respond to her as she

would have liked, but that there were other adults who could help [e.g. teacher, hospice volunteer driver etc.]. Holly recognised the significance of the relationship with the social worker and tried to communicate her awareness to her mother after the first session by inviting her to see her book.

At school she was said to seek help often when it was not necessary, but that this behaviour decreased during the course of the intervention. She developed a trusting relationship with her teacher and her reduced need could be seen to be a reflection of her growing confidence in her resourcefulness.

Organisational Skills

Holly remembered and brought back the picture for the second session, fully and meticulously coloured in. She was able to remember the hospice layout from early on in the intervention and developed two routes to the room, as a race with the social worker. Her cognitive mapping [Hazen & Durrett 1982] showed her ability to recall, organise and use information in a creative way.

On two occasions the social worker was not ready when she arrived and on one occasion she had forgotten to book the room. Holly had to wait with a volunteer reading to her on one occasion, on another she tried to find the social worker within known places in the hospice and, on the third, played outside until the room was free. She was not thrown by any of these incidents, even though she was very keen to get started. When the room and/or the social worker were ready, she was able to slip into the activity of the session seamlessly. Her ability to use the delay and then organise herself into the activity was not something she was able to do easily in other settings [e.g. home or school] and the experience would be expected to enhance her self-image.

The social worker reported that Holly had difficulty organising her thoughts and concentrating [e.g. unable to complete the questionnaire, danced around during the All About Me game]. This interpretation was debatable and became a matter of judgement

about the social worker's approach and management of the exercises [see Chapter 25]. Holly had some difficulty at school in settling to a task and staying with it but there was a marked improvement during the course of the intervention.

Demeanour and Attitude

Holly was described by the teacher as very friendly and lively. She had an attractive personality and a lot of energy which was sometimes difficult for her to contain. She was impulsive at times but no more than many other five-year-olds. Her positive attitude may have developed as a resilient defence to the experience of living through a very unsettled period and her impulsivity may have been one of the negative results of the lack of boundaries and structure at home.

The teacher reported a tendency in her to be bossy or assertive which tended to cause difficulties in her peer relationships but this improved too. By the end of the intervention the teacher commented:

Child Behaviours Checklist : Teacher

Holly is a lively, 'bubbly' child who is enthusiastic at school and mixes reasonably well. Holly has been much more settled recently and has less attention seeking behaviour.

If one sets aside the judgemental language, the picture was of a child who had made significant improvements in her personal demeanour during the course of the intervention.

Academic Performance

Holly maintained a steady, average academic performance throughout.

Discussion

Holly's history was complex and, for the most part, unhappy. Her attachment to her mother was very insecure. She had lived the greater part of her life with parents who frequently argued about her. Her father's persistent onslaught of criticism about her

mother's parenting must have raised anxieties about her competence and reliability now. Her mother was unable to set firm and consistent boundaries which appeared to lead to fears of abandonment in Holly and separation anxiety at night. She demonstrated an ability to feel secure in other relationships and to achieve independence and grow within those experiences therefore it is reasonable to propose that the distress she was exhibiting at home was symptomatic of the anxiety she felt in her relationship with her mother.

She adjusted to the therapeutic relationship very well, accepting its nature and purpose readily. She understood the exercises and chose to do some and not others. In light of her practical competence the teacher's description of Holly asking for help too frequently may well have been her interpretation of Holly's need to be closer to her than the teacher understood or could tolerate to understand. The teacher's cool responses would be consistent with the child not persisting with her behaviour and reducing it over time. It may have been more acceptable to the teacher to frame Holly's attachment behaviour as requests for assistance with practical rather than emotional tasks.

The medium of the playwork book was probably not right for this child, or not managed well for her, and placed her under strain in the sessions which she managed quite well. She adapted to the hospice setting very well and was quickly able to map the layout and use it as a fun part of the sessions. She was also able to manage the relationship with the volunteer. Her tendency to be overly assertive in her peer relationships was an indicator of her level of impulsivity and lack of ego control. There was a significant reduction in these behaviours during the course of the sessions possibly because her increased confidence in herself reduced her anxious need to control others.

Section 6

Additional Case Material Relating To The Analysis Of The Child's Ability To Establish And Sustain A Range Of Relationships

Introduction

The following cases, C1, C2, C6, E1, E2 and E5 were analysed in the same manner as those presented in the main body of the text and offer additional support for the discussion and hypotheses formed there.

Case Studies

Control Group

C1 : Edward [6 years]

Management Of Peer Relationships

Edward had difficulty managing his anger at home but was able to contain or control it with his peers, such that it did not harm his social relationships overall. There were some isolated outbursts but on the whole it was manageable. There was no report of him needing any particular special management regimes at school.

Management Of Adult Relationships

Edward related well to his teachers and adult relatives. There was no record of any difficult or asocial behaviours.

Management Of Ending/Changing Relationships

The loss of his teacher, just before the first anniversary of the death, was another bereavement for Edward. He mourned his going and told his mother that he missed him. She understood the significance of this loss and was able to support him through listening to him and ensuring that the school were also aware of what this meant to him. He was very sad for a while but managed to continue with his academic life at school.

Balance In Social Style

There are no reported incidents of Edward behaving inappropriately to adults. He did not express his anger to teachers, which indicates that he was aware of the prescribed boundaries of different relationships.

Fluency Of Conversation

Edward was able to articulate his thoughts and express himself clearly even when under pressure.

Discussion

Edward did not have any difficulties with social relationships. He contained and controlled his anger in social situations possibly because he knew it would not be tolerated. He related to peers and adults very appropriately and was able to maintain a variety of relationships.

That Edward's anger, which was the referred disturbance, did not have its foundation or expression in social settings adds support to the view that it was a bereavement response, generated by his experiences of loss and held within his relationship with his mother.

C2 : Jane [8 years]

Management Of Peer Relationships

Jane was a placid child who mixed well. There were no recorded difficulties with peers at school, home, the after-school club or Brownies. Jane had a best friend who lived nearby and they had a harmonious relationship with none of the fallings-out that often characterise peer relationships for girls of this age.

Management Of Adult Relationships

Jane developed a close attachment to a female neighbour who was the mother of her

closest friend at home and who had known her mother well. The neighbour allowed Jane to talk about her mother and explore more of her mourning than her father allowed. He had relied on the same neighbour during Jane's mother's illness and continued to do so subsequently, to a degree which was onerous and resulted eventually in her husband telling him to stop calling. It was unclear whether he was in competition with Jane or if the hiatus had any secondary effects upon her relationship with the neighbour.

Management Of Ending/Changing Relationships

There was no record of this.

Balance In Social Style

Jane seemed to have no difficulties in this respect with peers or adults other than her father.

Fluency Of Conversation

The paradox in this case was that Jane's fluency was part of her problem. Her readiness to talk about her mother unsettled her father and caused him to reject her. The quality of her remarks, which he recorded in considerable detail, demonstrated that she had clearly spent much time contemplating her feelings and thoughts about her mother. She articulated them well, but her father could not tolerate to hear them and silenced her as soon as she started or as soon as he could [see Appendix 3, section 7].

Discussion

Jane was a placid, passive child who rarely stood out from the crowd. In light of the treatment she received from her father when she did, this was probably a healthy defence posture. Her apparent equanimity was manifested in her social ease. Jane had all the qualities of an overly compliant child whose flat mood and unresolved distress fit the profile of mild depression. It is unsurprising that she presented no problem to anyone.

C6 : Andrew [9 years]

Management Of Peer Relationships

Andrew was able to manage certain social situations better than others. He had difficulties making and keeping friends and felt lonely at school. He told the Ed. Psych this and they considered ways in which he might change aspects of his behaviour to help himself socially. It is possible that Andrew experienced the difference between himself and his non-bereaved peers in his expression of loneliness, in which case a behavioural approach would be only partially successful.

Management Of Adult Relationships

Andrew had some difficulty relating to his teacher in class and seemed to manage one to one relationships with adults much better than group situations. There were no recorded difficulties when he did the 'family tour' with his mother, meeting different family members after his father's death, which would support this hypothesis.

Management Of Ending/Changing Relationships

Andrew tested out new people and new situations exhaustively. He had a great need to establish and confirm the boundaries of the relationship or situation. His method was to overstep rather than approach the boundaries and this caused considerable difficulties. These, however, were not insuperable when the personalities involved were sensitive to his need for consistency.

Balance In Social Style

This area was one which presented Andrew with his greatest difficulties. He struggled to make and keep peer relationships at school. He made some improvement during the course of the intervention but continued to have difficulties in group situations because of his impulsive behaviour.

Fluency Of Conversation

Andrew's talkativeness was not always conversational. When he was anxious he

produced a stream of commentary or questions which caused him secondary problems. His mother was able to accommodate this behaviour, but it was less well received at school. He asked some very insightful questions and made some very apposite comments, for example, he questioned the benevolence of an omnipotent God who could take his father away when he needed him more. He appeared to have established an internal conversation which occasionally rose to the surface in his conversation with his mother.

Discussion

Peer group relationships were difficult because of his impulsive and sometimes disinhibited behaviour. He stated that he was lonely because he had so few friends. On a deeper level, he may have been reflecting the fact that friendships were less satisfying because his bereavement had made him aware of the fragility of life and because his sadness alienated him from the prevailing mood of his peers.

His lack of social skills was most apparent in group situations . He responded much better to individual relationships, especially with adults who were more able to accommodate his spontaneity.

He developed a conversation with his mother which indicated a depth of insight into his experience of bereavement and its impact appropriate to his years. His insights were sometimes masked by a screen of talkativeness which was his defensive response to anxiety and which did not decrease during the intervention.

Experimental Group

E1 : Adam [6 years]

Management Of Peer Relationships

Adam's uncontrolled anger caused him some difficulties at school but the incidence of these episodes diminished almost immediately after the intervention started. He said he

had felt threatened by his emotions when he was unable to express or experience them. In those circumstances he was aware that he needed to be 'strong' to contain them because of the force they applied. Sometimes he could manage it, but on other occasions he could not, and then he vented his anger in fights, usually with an older and bigger boy at school. Adam came to recognise this sequence and that his fighting was associated with and preceded by his mounting anger.

Management Of Adult Relationships

Adam felt well supported by adult family members. The manner in which he chose some and excluded others when he completed the Trust Circles exercise [see Chapter 10], demonstrated his insight into the personal qualities required for unconditional support as opposed to those compatible with conditional and compromised support.

He was described by his teacher as an attractive child whose inability sometimes to control his energy was only a temporary difficulty. During the intervention Adam developed an awareness that his teacher was a source of support for him and remarked upon it during the sessions, although she did not apparently offer anything substantial.

Management Of Ending/Changing Relationships

Adam established his relationship with the social worker very well. He was relieved to have someone for himself and expressed his delight to his mother after the first session, which required careful management by the social worker at the time.

Adam acknowledged the ending of the sessions progressively within the process of the book. He sought to extend his relationship with the social worker and managed it effectively and reasonably. Towards the end of the intervention he bought her a door plaque with her name on, it for the playroom door. After the last session, as he was walking up the path to his house, having said good-bye to the social worker, he came back to her and hugged her. This was the first time he had done this. Although he knew he would see the social worker again, he also knew it would be on a different basis.

These examples describe a child who appreciated the value of the conversation he had with the social worker and needed to control the ending of their relationship.

Balance In Social Style

Adam was an energetic boy who had yet to learn self-control within the classroom but, paradoxically, managed the greater freedom of the therapeutic relationship very well. He was able to draw his own boundaries around his behaviour and what he would and would not do. This pattern was wholly in keeping with developmental parameters.

Fluency Of Conversation

Adam was well equipped to communicate. He was articulate and his intelligent imagination and insights were exemplified in his questions and concerns. One of his mother's concerns at the time of referral was that he would not communicate his feelings; he was closed off to her. Shortly after the beginning of the intervention she commented that he had started to speak of his father and his feelings about this bereavement. He established an open, free-flowing conversation with his mother, which pleased and relieved her and brought them closer again.

He developed an easy conversation with the social worker, which included a strand of dry humour. He maintained the humour in a balanced manner throughout the sessions and was able to move easily between this lighter level of response and a more serious tone with ease. Occasionally he used his humour defensively and only when under the greatest stress did the fluency of his conversational style falter.

Discussion

His social behaviour was good: although his uncontrolled liveliness challenged the discipline of the classroom he was able to hold to the boundaries of the therapeutic relationship with ease. He established and maintained different styles of relationships and used humour with creative variety and to good effect. The intervention facilitated the start of a distinctly more open conversational style between Adam and his mother,

which he rehearsed with the social worker and introduced into his relationship with his mother. He was a sensitive boy and his touching gifts of the plaque [to remember him by?] and the hug demonstrated how important the social worker was to him.

E2 : Campbell [10 years]

Management Of Peer Relationships

Campbell had difficulties with his peers. At the time of referral he was disruptive in class, moody, resentful when reprimanded and had a tendency to initiate fights. The teacher commented at the beginning of the intervention:

Rutter B(2)

Campbell wants to be the centre of attention at all times, with both adults and children.

Campbell was aware that he had a tendency to explode with his peers when overwhelmed by anger or frustration, and that this had caused him further difficulties. During the course of the sessions there was one recorded incident of it occurring again [Session 3], but this time he recognised the source of the problem and developed more adaptive strategies to avoid or manage these situations better.

Campbell perceived his teacher to be a conditional source of support for him , which was entirely appropriate to the nature of their relationship, and that this relationship improved over time. [He made an interesting slip in an early session, when he was less sure of her, and referred to her as Miss Cross. During the Trust Circles exercise, when the relationship had improved, he referred to her by her name of Miss Crow.] The teacher recorded a significant improvement in his ability to manage peer relationships and control his impulsive behaviours and, by then end of the intervention she commented:

Rutter B(2).

Campbell is presenting many of these types of behaviour far less frequently than when I last completed this form.

Management Of Adult Relationships

Campbell had a strong network of adult relationships around him which afforded him the full range of trust relationships. He demonstrated an ability to exercise good judgement in his choices [e.g. not including the social worker in the unconditional section because she had not yet earned her place there].

It was noticeable that the extra-familial adult relationships were predominantly with females. It is reasonable to assume that there was a degree of transference of his relationship with his mother to these relationships. The exact nature of the relationships was unclear but the data suggested that Campbell found them satisfying.

His inner circle of unconditional trust was sparsely populated but he had access to adults as well as children. Once again, he displayed good discernment in his choices. He knew the need to choose carefully and not entrust himself to a range of non-bereaved peers because they would not understand.

Management Of Ending/Changing Relationships

The only incidence of a relationship ending was with the social worker. He managed the transition progressively and with great delicacy. He explored the emotions it generated for him and what he needed in order to be able to manage it at each stage. He began mentioning it early on in the sessions [Session 2] and linked it from then on to the progress he made through the book. The book concretely represented the approach of the end and helped him to anticipate and manage it.

He made overtures to the social worker to continue the sessions [Session 3] by intimating that she would earn a higher rank in the Trust Circles network if she stayed around longer. He began a play set in Session 5 which he did not finish and drew a promise from the social worker that the toys would be there the following week. This reassured him that she would not disappear before then and that he would have his last session. This is a common response in children of this age and one which I have met in

my practice on numerous occasions. In the final session he made the explicit association between this parting and the loss of his mother. The ending of the sessions held echoes which he heard and recognised within his mourning. The boundaries which were put around the process of the play sessions created the ending from the start and allowed him to manage it from whatever point he chose. From Session 2 onwards he anticipated the end and managed it positively and with relative ease.

Balance In Social Style

This improved during the course of the sessions but was not entirely resolved. Campbell had longstanding difficulties controlling his anger which pre-dated his bereavement. It was not unreasonable to expect them to continue in some degree [Dunn & McGuire 1992 : Easterbrooks & Goldberg 1990 : Frankel & Bates 1990 : Park & Waters 1989]. When the history of the problem is taken into consideration, it is significant that there was an improvement.

Fluency Of Conversation

Campbell developed a good rapport with the social worker and had a free and easy style with his teacher. During the All About Me session he demonstrated a lightness of touch to his conversation which supported the view that he had a mature conversational style and social ease when in a situation which provided a degree of structure and with people who attended to him. This was coherent with the view that he is somewhat impulsive but would respond positively to sensitive boundaries.

Discussion

Campbell's greatest difficulties were manifested in his social skills. He had longstanding difficulties at school because of his impulsivity. His lack of ego control [Park & Waters 1989] was displayed in his disruptive behaviour in class and his tendency to respond aggressively to confrontations. The teacher recorded a significant improvement in these behaviours during the course of the intervention.

He had an acute awareness of the need for a variety of relationships and constructed a selective but qualitatively substantial support network around him. His comments about the social worker earning her place demonstrated his assessment criteria and discernment. He made good decisions for a child of his age and was able to make and sustain relationships with adults which he found satisfying

He had a good sense of humour which he employed appropriately, as a positive contribution to the sessional conversations. He could also sustain conversations of a more profound and intimate nature, thereby displaying an ability to hold a range of conversational styles appropriate to the nature of the relationship and the context. His linking of the ending of the therapeutic relationship with his bereavement suggested that he had initiated his internal mourning conversation and was sharing it with the social worker.

E5 : Laura [7 years]

Management Of Peer Relationships

Laura had good social skills. The teacher described her as someone who would rather walk away from an argument than become involved, but she was not excessively compliant or appeasing. She had one or two good friends at school and did not appear to have particular difficulties socialising.

She initially reported that she could make and keep friends, but that other children were usually happier than she was. She could not share her secrets with her friends but could share her thoughts about her father. By the end of the sessions there was a considerable improvement in her view of herself: she felt she was considerably more likeable and much more competent.

Management Of Adult Relationships

Laura was able to manage a range of relationships with a degree of success. There were two adults who she felt were unconditionally available, her mother and her father. She

also included her baby sister in this circle. This configuration of two parents and a baby girl had featured in other exercises about families with Laura and developed as her ideal setting, one that existed when she was a baby and had now gone. [She referred with longing to this time during the All About Me session.] Laura later added the social worker to her Trust Circles, which indicated that she had been assessing her and she had passed the test and fulfilled her criteria of trustworthiness.

Her relationship with her teacher was good and she had a satisfying relationship with her maternal grandmother. Her maternal grandfather, however, was cantankerous and created arguments. This contentious relationship was a mixed blessing. Her mother had initially used it as an example of how argumentative Laura was with everyone, not just herself. Later in the intervention she realised that the grandfather was engineering and orchestrating the arguments in the same way as he had done with her when she was a child. This is a revelatory experience for the mother and initiated the onset of her change of definition of Laura's behaviour within their relationship.

Laura established a good relationship with the social worker: she demonstrated humour, playfulness, thoughtfulness and trust. She had low self-esteem which was manifested in her anxiety about her attractiveness. She displayed this anxiety, to a lesser or greater extent, throughout the sessions. For example, she repeatedly sought reassurance from the social worker that she was her best friend, which was evident from this exchange in Session 4 [S= social worker: C= child : M= mother]:

S My best friend is.....

C ME! ME! *Said instantly ,with an air of desperation and shouted loudly.*

S Well maybe, Laura but I only have to name one person. You are one of my friends but ..

C It has to be me first. *urgently pleading* Please, it's me, it's me. I'm your best friend.

S Well my best friend is Mary, Dorothy, Carol, Maureen, Laura. My best friends are all of these people.

C Me too?

S I don't have a best, best bestest friend I don't think.

C Right. *Seeming to want to push the game on in case S says something*

which takes away from the satisfactory compromise.

S Who's your best friend now? Laura. who's your best friend?

C Ann [*social worker*] *urgency still there and unease.*

S I'm your best friend.

C Yes. *soft laughter from both adults which Laura joins.*

S What about Marian, what about your mum. Do you have a best friend Marian?

C *Counting and ignoring this suggestion. Mum is also counting with her.*

M I think you should have been counting.....

S *joining in with their conversation* Yes, so do I.

This situation required sensitive handling by the social worker to avoid hurting Laura's feelings or giving her false or unrealistic hopes of something other than the therapeutic relationship.

Management Of Ending/Changing Relationships

Laura was apprehensive about ending the relationship with the social worker and attempted to hold on to her. She tried to avoid the ending by 'forgetting' the last session. She also ensured that the social worker would continue to visit the family. Neither of these were excessive responses and can be seen within the context of active and positive management of a difficult experience for a bereaved child, but there was a sense of urgency about Laura which set it apart from other children.

Balance In Social Style

Laura had a good social balance and an attractive manner in her interactions with people. She was anxious about other's opinions of her which lead to a need for approval and a degree of anxiety about her worth.

At the start of the intervention she had low self-esteem and in the scales exercise the negatives were not balanced by any positives. The social worker afforded her a very positive experience of herself and by the final session Laura was feeling she was much more likeable and had more friends. This was a more appropriate and balanced picture for a child of her age and was reflected in her self-evaluation.

Fluency Of Conversation

Laura was very articulate and considered her words carefully. She could listen and wait when in conversations with adults, and join in appropriately. The level of her articulacy could partly explain why she became so frustrated when her mother did not recognise and respond to her distress and need to talk, when she felt she was communicating it so clearly.

Discussion

Laura demonstrated good social skills in all contexts. She had appropriate trust in her friends and repeatedly expressed a wish to be closer to her mother. Her view of her own happiness improved during the course of the sessions. The fact that she walked away from conflicts rather than caused or participated in them supported the view that her anger in her relationship with her mother was integral to their relationship and not a general coping strategy or a characteristic feature of other relationships. This model would attribute executive responsibility to the mother, because she was the dominant partner. By the end of the intervention the mother had begun to adopt this view of the dynamic following her observations of her own father with Laura.

Laura wanted greater intimacy with the social worker than the relationship allowed. The social worker was obliged to hold it within the boundaries. The teacher reported no such difficulty, which suggests that Laura could be testing out the limits of this unique relationship and, because there was no precedent and she had a great need for exactly this resource, she attempted to hold onto to it all the more vigorously. She accepted the compromise of family visits in the end with equanimity.

Section 7

Additional Case Material Relating To The Analysis Of The Child's Ability To Mourn

Introduction

The following cases, C1, C3, C5, C6, E2, E3, and E4 were analysed in the same manner as those presented in the main body of the text and offer additional support for the discussion and hypotheses formed there.

Case Studies

Control Group

C1 : Edward [6 years]

The Manner Of Establishing The Conversation

Edward's mother was aware that he felt the loss of his father because he had become quiet and withdrawn. On these occasions she approached him and he responded openly to her as the following record shows:

e.g. Parent Counselling Session 6

She continues to be concerned over Edward. Several times she says Edward seems to be quiet and she asks him, "What's wrong?" and he says he misses Dad. Ann [*mother*] then feels dreadful.

He responded positively to her overtures of concern and welcomed the comfort she offered. The mother continued to give Edward, these opportunities regardless of the fact that they distressed her. She had hoped it would have brought them closer than it did. She was also concerned about the sadness he felt because she was unsure what to 'do' about it. The child appeared to be unconcerned about these issues and continued to respond and express himself freely whenever she gave him the opportunity.

Incidence Of Child Initiated Loss-Related Subjects

Edward initiated episodes of sharing his mourning by becoming quiet in his mother's presence, knowing that his mother would recognise and respond to his cues. This

proved to be an effective way of introducing loss-related topics if he wanted to, which he often did. He freely expressed his longing for his father and sadness at his death.

Child's Responses To Loss-Related Subjects Initiated By Others

Although there were no recorded incidents, it is reasonable to assume that Edward would respond positively to such opportunities.

Discussion

The mourning conversation between mother and child was established and continued with support from the social worker. The distress it caused the mother did not prevent her from taking the initiative and enabled Edward to create opportunities for himself in a quiet, oblique manner.

C3 : Rachel [5 years]

The Manner Of Establishing The Conversation

Rachel was given the opportunity to establish her mourning with her mother in their visits to the grave, during which they both expressed their sadness. Rachel was sensitive to her mother's distress and responded by trying to comfort her. On one occasion when her mother was crying she gave her the photograph of her father which she kept by her bedside. However, there was an imbalance in the parent-child conversation because it was effectively controlled by the mother and only permitted in identifiable contexts. When Rachel communicated her mourning distress to her mother outside of these contexts she was not responded to in the same manner. Her mother was irritated and often rejected her. In effect, the manner of establishing the conversation was determined by the mother and variations or developments were not welcomed.

Incidence Of Child Initiated Loss-Related Subjects

During the first weeks after her father's death her mother reported that Rachel frequently said she missed him when she was upset or being told off by her. The mother

defined this response negatively as a defensive ruse, and was irritated with Rachel for ambushing her in this way with memories of her husband.

Rachel had asked her mother for photo of her father, which she kept by her bedside. This suggests that her mother recognised her need to have him close. The photograph gave Rachel implicit permission to remember him, which she did, but again it was not with her mother. Her mother did not recognise the element of yearning for her father in Rachel's attachment behaviour. This precarious imbalance continued relatively unchanged and was compounded at school where, like her mother, her teacher was aware of her wish to mourn but did not respond, as the following extract demonstrates:

BSAG 1st. wave.

Rachel needs opportunity to talk about her daddy as she is obviously very sad and misses him a lot.

The teacher, who knew that Rachel tended to under-react, observed her sadness and recognised her need to talk about her father but did not take the initiative and approach and offer the opportunities she knew Rachel wanted. It was not because she was insensitive to Rachel's situation that she did not offer herself, because she was clearly a very caring woman. The issue was discussed in the previous chapter and this appears to be an example of a teacher who was unable to make the last step of the process either because something was lacking in her environment or something was present in her own situation.

Child's Responses To Loss-Related Subjects Initiated By Others

Although there was no record of Rachel responding to specific stimuli, there was a general picture of her being able to recall and express her thoughts about her father with her mother but only in situations which were prescribed by, or tolerable to her mother.

Discussion

Rachel was aware of her need to mourn but was not allowed to initiate the conversation

in an adaptive manner. Her mother's responses changed little but her ability to accommodate her comfort-seeking and attachment behaviours improved slightly. This resulted in a situation which had the potential to deteriorate becoming manageable. Rachel developed a conditional mourning conversation with her mother which largely depended upon stimuli and event.

Her teacher appeared to be almost a resource for her but effectively mirrored and thereby confirmed Rachel's model of her mother.

C5 : Joanna [7 years]

The Manner Of Establishing The Conversation

The level of insensitivity to Joanna's bereavement made it very difficult for her to initiate mourning. For example, her mother [grandmother] was surprised that she should associate Christmas with the first anniversary of the death, even though the two were a few days apart. Consequently she did not respond to Joanna's clear invitation to remember what had happened the previous year. Not only was this invitation ignored, but the mother left Joanna to manage the anniversary on her own. The message to Joanna was clear.

Joanna used to go to the grave with her mother but the absence of rapport between them made the experiences unsatisfactory for her. She attempted to improve matters by taking her friend with her but the matter of fact conversation they had disconcerted her mother and did not improve her view of Joanna.

Joanna suggested compiling a memorial photograph album to which her mother responded positively. It was unclear how involved the mother was in this project but she did not object to Joanna doing it. This was the only positive response recorded during the intervention.

Incidence Of Child Initiated Loss-Related Subjects

During a visit to the grave, Joanna expressed her yearning for her parent by saying she would like to lie beside her in the grave. This was defined as being 'morbid' and responded to in a negative fashion. There were no other recorded incidents of Joanna initiating mourning related conversations, other than when her teenage sister was present. Her sister was known to be more sensitive to Joanna [e.g. she advocated her attendance at the viewing and funeral].

By the last session her mother said that there were no problems with Joanna's mourning because she could talk about her mother without crying and behaved appropriately during the grave visits. Joanna had learned the rules and was complying. Joanna approached the teacher and tried to initiate a conversation with her but she was unreceptive and Joanna did not repeat the experience. The teacher was an only child of elderly parents who readily identified parallels between herself and Joanna. She had expressed her anxiety about being a bereaved child in the near future which, as was expected, inhibited her response to Joanna.

Child's Responses To Loss-Related Subjects Initiated By Others

When asked, Joanna readily remembered her mother, albeit in an idealised manner. She responded to one opportunity with a stream of memories: of her mother being pretty and fun to be with, of going on holiday with her and lying beside her in the bed they shared. She also remembered that her mother had cuddled her when she came home from school and when she was upset and that she used to put her to bed every night and stay with her for a while, reading her a story and tucking her in.

Discussion

Joanna attempted to integrate her loss into her everyday world but her efforts were not always well received. Her readiness to remember her mother was a strong indicator of her wish to have a wider and more spontaneous mourning conversation than the adults would allow. She repeatedly tried to create situations and activities conducive to

remembering and sharing but with very limited success. Her teacher had declared herself not to be a resource from the beginning of the intervention and her family effectively revealed the same during it.

C6 : Andrew [9 years]

The Manner Of Establishing The Conversation

At first Andrew made blunt statements and asked frankly worded questions about the basic facts of death, which distressed his mother. This had started on the day of the funeral when he had come home to find the funeral tea taking place after he had been on a school outing for the day. He had shocked the adults and his mother by asking, "Has my daddy been burnt?". His mother had taken him to one side and explained about the funeral. She came to appreciate that this was his way of exploring what had happened and responded better as a result. She gave him information and confirming experiences [e.g. visit grave together] and the statements subsided. The conversation developed into Andrew making more discreet overtures and sharing memories with his mother.

Incidence Of Child Initiated Loss-Related Subjects

Andrew commented on the loss inherent in his adoption and expressed a wish to see his birth mother : "I want a cuddle from my first mother." . He did not pursue this wish, but his mother connected it with his bereavement and defined it as part of his mourning. Following such statements he sought comfort from her, which she gave.

Child's Responses To Loss-Related Subjects Initiated By Others

He talked often of his father, both at home and at school. If anyone mentioned his father or did not know what had happened Andrew responded with, "My daddy's dead.". His friends at school found this disconcerting. The teacher was aware of this and in her conversation with his mother had said she would talk with Andrew about his father if he wanted that, but she did not approach him to offer it.

Discussion

Andrew came to terms with the reality of the death through blunt statements which were as much him inquiring about the facts as confirming the reality. His mother explored these statements with him and clarified any confusions and explored his feelings with him through conversation and shared experiences.

His disinhibited manner was less well managed at school and his peers were said to find his repeated exclamations about his bereaved status disconcerting. There was no record of the school being proactive [e.g. helping his class to appreciate his experience better]. His repeated statements are typical of the reality testing and affirming processes. The fact that they persisted indicated that Andrew needed to return to that initial stage of accepting the loss and relinquishing the hope of reunion, in order to manage the other elements of his bereavement. He connected this loss to his adoption and occasionally expressed the former in the latter. His mother was very sensitive to his needs and eventually they developed a conversation which was mutually satisfying.

Experimental Group

The analysis for this group included additional data drawn from Session 4, when the child, parent and social worker played 'All About Me.'

E2 : Campbell [10 years]

The Manner Of Establishing The Conversation

Campbell had established a limited conversation with his father about his mother. It was sporadic and reactive rather than a spontaneous conversation. He continued in this style during the first sessions with the social worker. The variety of opportunities and the explicit purpose of her role, enabled him to take the initiative much more and, in the later sessions, he developed a more fluent style. The success with which he managed this was exemplified in the way in which he was able to transfer this conversation to that which he had with his father, who commented upon it in his last session.

Incidence Of Child Initiated Loss-Related Subjects

Campbell's father was pleased that he expressed his feelings more freely. He became more receptive to Campbell introducing mourning related issues, which contributed to Campbell's sense of increased freedom to take the initiative in the conversation.

Campbell took the lead several times during the sessions with the social worker and found the experience rewarding and satisfying. He said that it helped to release some of the tension he experienced. The social worker recorded this after the third session when he sited his feelings in his body :

I read the words with him but he knew his own mind well. He again knew where the feelings were i.e. strong/angry in his arms making him want to hit out. He also did fight with a boy who called him rude names for loosing his mother. He was pleased to do this.

There was definitely more spontaneous conversation today re his friends, losses etc. he is definitely happy to come and has no hesitation in saying so and I think he feels quite grown up and valued in being here.

He speaks very positively about his relationship with his father.

He remembered Coco and was very pleased his colouring was going into his book and not on the wall! He also told the story to Graham [his brother] at bedtime.

He always likes to check the number of sessions.

Campbell showed that, like Adam, he knew what he felt, where he felt it and what effect that had upon his behaviour but had not been able to make the connections before. The exercises and his conversation with the social worker enabled him to break the larger emotional states down into smaller parts and then recognise, locate and manage them. His ability and desire to have this experience was exemplified in the way in which story he was able to remember and retell to his younger brother the story about the clown which had moved him greatly at the time. Through these and other experiences he was able to explore some of his feelings in depth for the first time and come to a better

understanding of what the loss meant to him.

Campbell repeatedly made comments to the social worker about his mother which indicated that he had been thinking about her by himself. The smooth articulated manner in which he introduced his thoughts into the conversation with her indicated that he had been developing his internal conversation during and between the sessions.

Child's Responses To Loss-Related Subjects Initiated By Others

Campbell's father said he would join in if he, the father was remembering his wife but that Campbell did not initiate conversation with him about her. The following exchange from the All About Me session exemplifies this point :

- F: *reading the card* The saddest day of my life was...when my wife passed away.
C That's what I put for that one. [*Indicating a card he had turned at the beginning of the game and chosen not to respond to .*] The best thing I ever did was love Mum.

Campbell had saved his card up until the time was right. He seemed to have known what he wanted to say when he took the card at the beginning of the game but it is possible that the card came too early in the game for the response he wanted to make and, by waiting, he has found the right time to share it. His response was too spontaneous for this contribution to have been anything but sincere.

Campbell welcomed the opportunities the social worker presented and responded to them readily. He also said he discussed loss-related issues with his bereaved friend Michael whose parent had also died, albeit traumatically, and was pleased to have that shared status with another child in his class.

Discussion

Campbell was very willing to think about his mother and all that had been lost. He developed a more fluent, coherent conversation with the social worker than he had been able to develop previously with his father. He was able to transfer this new style to his

conversation with his father and they both perceived the qualitative change to be a desired improvement. He also established his internal conversation which he was able to introduce smoothly into his sessions with the social worker, moving between responses generated by the sessional material and the associated thoughts and memories they generated.

The instruments were somewhat confusing because the father evaluated a deterioration and the teacher an improvement of the same degree. Campbell evaluated his mourning to have made a dramatic improvement, the greatest in his group, which presumably was partly attributable to the social work relationship.

E3 : James [7 years]

The Manner Of Establishing The Conversation

James had great difficulty overcoming his fear of the dark, going to bed and sleeping. His mother inadvertently reinforced his anxiety about sleeping by her own anxiety about the dark [she slept with a light on] which she compounded by her resistance to comforting him when he was distressed at night. When his mother developed some insight into his behaviour and adapted her responses, James' anxiety diminished. The incidence and intensity of his sleep disturbance diminished at the same time that James began to explore his mourning with his mother, which suggested that the two were associated and the change had been facilitated by the intervention.

Incidence Of Child Initiated Loss-Related Subjects

James' mother said that from being a baby he had never needed much sleep but the difference since his father died was that he was scared to go to bed. She asked him what he was scared about and, over a period of a month he told her that he was frightened of ghosts, worried she would die and worried that other important people might die. She comforted him on each occasion and after the third conversation he had three uninterrupted nights. The mother was jubilant and continued to offer him

opportunities to explore his fears at which point he told her that he had been worried that she might not be able to look after him now that his father was dead. Although she was shaken by this statement, she could appreciate the context of his fear better than before and understood why he had been worried.

During the All About Me session, James introduced several mourning and/or father references into the conversation, all of which his mother responded to positively. He borrowed the Dreambeast book from the social worker and took it and Badger's Parting Gifts home to read with his mother, as well as on his own. These became vehicles for their mourning conversation enabled him to discuss his feelings with his mother more freely and ask questions, which she understood to be mourning related.

At the end of the sessions he could not wait to take his playwork book home to show his mother and to talk with her about the topics covered.

S I don't want the whole book but one photograph of you when you were a baby.

J To stick in my special book?

S Yes.

J I wish Mum could look through it.

S She will..

J After six..

S After six if you so wish.

J Yes. As long as she is with me.

James and his mother both appreciated the significance of the book and felt more confident in their separate and shared abilities to manage the contents.

Child's Responses To Loss-Related Subjects Initiated By Others

During the initial sessions James was highly defended and reluctant to explore his feelings. At this stage mourning related topics were explored on a factual, concrete level because their emotional content was too dangerous. He maintained a protective distance from his emotions until he could manage to contemplate them without threatening his psychological integrity.

In the All About Me session he initiated and responded to others' initiatives freely, thereby displaying the progress he had made. He was appreciably more at ease with his inner thoughts and eager to share them with his mother.

Discussion

The analysis showed that James' sleep disturbance was an expression of his bereavement distress and that he had attempted to communicate his distress to his mother almost every night. Once his mother developed this perspective on his behaviour and began to respond to him more appropriately, he immediately discussed some of his fears about the reliability of the world and significant people in it. This episode was followed by a reduction in the frequency of the disturbance.

His route to establishing his mourning conversation was initially blocked by his mother's inappropriate responses to his distress. This arose partly because it was an old battleground and partly because she feared that his anxieties were too close to her own. She needed to defend herself against them and did so by defining them as a behavioural problem, one which was largely his responsibility.

James was very ready to consider his mourning and readily took the opportunity offered by the social worker which allowed him to approach dangerous areas at his own pace in the safety of a sensitive relationship. The intervention enabled the mother to redefine her view of his distress and change her responses. James was able to transfer his mourning conversation with the social worker to his mother and by the end of the intervention there was a significant shift in their relationship.

E4 : Holly [5 years]

The Manner Of Establishing The Conversation

Holly had cause to be afraid of her father because of his aggressive behaviour. She was able to contain her conscious memories of him, but they emerged in her dreams with

additional force and intensity: her night terrors contained the darkest parts of her mourning. Her mother's insensitivity at the beginning of the intervention meant she was neither able to recognise Holly's distress, nor did she explore what might be causing it. Holly was unable to adapt and her mother was unable to develop insight into the difficulties between them. The situation continued largely unaltered, the only difference being that the mother said the stress Holly's distress caused her had diminished.

Holly evaluated a deterioration in her mourning which may have reflected her repeated experiences of blocked initiatives, which is examined below.

Incidence Of Child Initiated Loss-Related Subjects

Holly was very willing to initiate her mourning conversation, which was exemplified in her conversation with the social worker. She created several opportunities for herself and responded to those offered to her [e.g. Session 1 - expanding upon memories of when he died : Session 3 - playing on the swing, she said her father could see her feet: Session 4 - remembering that her father used to smack her.]

The social worker's responses were not always helpful. On one occasion she gave Holly disinformation about what had happened to her father's body after he died, which confused her. They both knew he had been cremated but the social worker said he had been buried. She realised her mistake after the session but there was no record of her correcting the information in the following session, which does not mean she did not do it. This compounded her insensitive explanation of her father's anger.

The social worker was not a wholly safe person and created unpredictable experiences for Holly which reinforced her expectations of adult responses to her mourning. The fact that Holly continued to pursue her mourning conversation with the social worker in spite of the quality of her responses, was a strong indicator of her drive to establish her mourning for herself.

At the beginning and at the end of the intervention, Holly was very keen for her mother to see her playwork book. The social worker recorded in the second parent session:

She immediately [after sitting down] asked me how I had got on with Holly. "Holly wants me to see her special book." So I showed her the special book without turning beyond the page where Holly and I had stopped. Mother's pleasure was obvious.

Part of Holly's motivation to share the book could be seen to be her need for her mother's approval and praise. The content of the book was explicitly mourning-related, which Holly knew, therefore the offer of sharing the book must in part have been related to wanting to share her mourning with her mother. In effect, Holly did not give up hope that her mother would have a greater part in her mourning than she did at that time.

Child's Responses To Loss-Related Subjects Initiated By Others

Holly was wary of her mourning because her relationship with her father had been very difficult. He had been aggressive and occasionally violent towards her and her mother. Although she had a good understanding of death, she was not convinced that he could not return and she did not feel safe from further attack from him, which is not an uncommon response in a maltreated child. She spoke of her misunderstanding and fear when the social worker was pushing her on the swing :

Child Session 3

At then end I was pushing Holly on the swing and she volunteered "Daddy can see your feet." I asked her to explain and she said he could do this because he was underground. I explained that his body was like an empty shell and only under one piece of ground. I also explained that after you have died you can't feel or see or experience anything at all. She ran off happily enough at this point. But as I write I see I have made a mistake because father's ashes are at the crematorium. I will need to clarify this.

The disinformation may have confused her. Her running off 'happily' is not proof that

she was not confused because this was a defence strategy she used when under pressure.

Holly's apprehension about mourning was reinforced by her mother's responses to her. This created a dilemma for her which was resolvable by the permission of the social work relationship. She remained compromised by her mother's inability to develop sufficient insight and acceptance of her need to mourn. This dilemma was clearly apparent in the All About Me session. The cards gave the opportunities Holly needed to share her mourning with her mother, but her mother was unable to respond positively enough to allay Holly's anxiety about how acceptable it was to her.

Discussion

Holly's mother was profoundly insecure and unable to recognise Holly's mourning related fears. The social worker responded to her in ways which were very similar to her mother and which reinforced, rather than improved Holly's model of herself and the acceptability of her mourning.

Holly made spontaneous overtures to the social worker in her attempts to establish a conversation with her, which were only partially successful because of the social worker's prescriptive responses. Holly's ability to take the initiative, and continue to do so, indicated her commitment to her mourning. On this evidence it is possible to conclude that given appropriate social work resources, Holly would be able to establish, sustain and develop her mourning conversation. Her mother evaluated no change in her mourning. Holly evaluated a deterioration. Her negative evaluation could be explained by her experience of frustration with the social worker.

APPENDIX 4

PRACTICE ISSUES FOR SOCIAL WORK WITH BEREAVED FAMILIES

Introduction

There were issues arising from the data which, although tangential to this study, were relevant to aspects of social work practice with bereaved families. They stimulated some thoughts which might add to our appreciation of the bereaved child's experience and have some relevance to other fields of practice.

The Point-of-Death Phenomenon

There were two incidents in the sample of what I have called the 'point-of-death phenomenon'. These occurred when the parent was moribund and so close to death as to be more dead than alive. The parent was in a profoundly comatose state, which is usually characterised by the body shutting down cerebral, cardio-vascular and motor functions. Breathing is laboured and irregular, and the only movements are involuntary ticks. The medical profession refer to the patient at this stage as 'actively dying' and it is a state from which there is usually no return.

It was significant that two of the parents in the sample were assessed to be in this moribund state and yet, when the child visited both were roused, presumably by the child's presence. Jane [C2] visited her mother at the very end of her illness, when had been comatose for several hours. She was said to be dying but when Jane stood beside her, watching her, she was roused to consciousness and kissed and cuddled her daughter. Joanna's [C5] mother was similarly comatose, heavily sedated and barely breathing when Joanna last visited her. She became conscious as Joanna stood beside her and held Joanna and spoke lovingly to her.

These children had a critical memories of parting from a living/dying mother which were positive and warm. The fact that the mothers regained consciousness in their presence, and only then, suggested that there was something about the child's presence which stimulated responses in the dying parent which nobody else did. In these

examples they were positive events. The parent was pain-free and calm. If these conditions did not apply then the encounters could have been unpleasant and troubling for the child. This suggests that if the child asks for a last visit, the decision whether or not to take him should be made in relation to the prevailing mood and pain status of the patient rather than their assumed consciousness, which has been demonstrated is an inconstant factor. More to the point, if a child asks for a last visit then ideally the decision is not whether to take him, but how to manage it for him. These last goodbyes can provide unparalleled positive experiences for the child.

There have been examples in my own practice of point-of-death phenomena between the surviving parent and ill parent which provide memories within mourning of final opportunities to care for and commune with the ill parent. The opposite also supports the importance of this experience. Parents who are not present at the point of death regret the experience and often hold themselves responsible for this lapse, as if they were abandoning the ill parent to death. The parent often feels she has let her partner down and, no matter how loving the relationship between the parents has been, no logical review of the event ever completely absolves her from self-blame for this omission.

'Ghosts in the Nursery' : the need for an historical perspective

Fraiberg's concept of 'ghosts in the nursery' [1980] had many resonances in the study : it was one of the guiding principles behind the design of the Family Profile and informed the need to analyse the discreet levels of sensitivity demonstrated in the significant events. Fraiberg's thesis, that family history defines current experience, is borne out repeatedly in my own practice and informs our need to construct a historical perspective on current practice. It may be unfashionable to be advocating a return to taking histories but, unless we do, we can not be sure which loss the individual is focusing on, and how past losses define the current experience.

For example, many of the families in the research sample defined the illness as a

family trait, almost as though the parent was fated to develop cancer. Kirstie's mother commented :

"The women in my family have terrible luck with their husbands."

Her father had died fifteen years earlier, her older sister had been widowed twice and now she was carrying on the family tradition.

Some parents felt they were in some way or another a vessel of ill fortune. Others defined the death as history repeating itself, and went on to repeat that same history themselves, some times, as in Danielle's case, with disastrous effects for the child. Edward's mother took a Janus-like position. She looked into her husband's family history in order to understand his present experience, and saw a future with this fate lying in wait for her child, with herself as a bereaved parent again, but this time, like her mother-in-law, bereft of her son. She said :

"There is cancer in Liam's family. I'm afraid I will lose the children."

One of the independent assessors used Fraiberg's concept when commenting upon Joanna's family's resistance to acknowledging her dead parent and the stillborn baby born two years before Joanna was born. Joanna knew about the baby and made the connection between this death and that of her mother. The independent assessor wrote:

"This is a family with ghosts. The dead baby is redolent with meaning for Joanna but is an unrealised member of the family which would make Joanna fearful about death. The image is one of many which the social worker fails to acknowledge. She subscribes to the mother's defensive strategy of coping through denial. It is remarkable that, if the social worker is to be believed, the mother does not speak of Joanna's dead parent throughout the whole of the intervention. She does not review their relationship and appears to have no desire to do so. It is as though there is a truce over the reality and if she can maintain the truce, then she will not have to experience the grief. Hence the ghosts in the family, because there are so many unresolved losses."

The concept of family ghosts is very pertinent to bereaved families, not merely because

of the relevance of the image, but because it emphasises the need to develop a historical context to the family's current experience. These examples indicate that it is essential to good practice to explore the meaning of the illness, the connections that are made across the generations, the significance of lost children, the absent members of the family, because these are the forces which define the present.

To respond solely to the here and now is to miss the larger and more profound meaning of the current experience which often, if not always, has layer upon layer of meaning. Therefore, responding exclusively to the presenting problem in the parent-child relationship risks attributing a disproportionately behavioural definition and discounting its genuine significance. A colleague once described a bereavement referral to me as being like the French railway-crossing sign, which warns the unwary not to cross the line immediately after a train has passed by because one train can hide another.

The difficulty for the practitioner is that the parent is often too debilitated by her loss to be able to recognise the unconscious associations and subtle dynamics at play, and the child lacks maturity and insight. Neither of them initially are equipped to manage the situation beyond the behavioural level, therefore the practitioner's task is to make the connections, reveal the ghosts and either exorcise them or give them substance, so they can be included in the present family as the members they are.

The emergence of a gender profile to mourning

The analysis revealed [see Discussion : Chapter 21] that there was an association between the gender of the bereaved child, the nature of bereavement distress and the outcome. It was apparent that the child who internalised distress was liable to be overlooked, whereas the child who externalised it was more likely to attract attention and resources. It was also apparent that there was a tendency in girls, having exhausted the possibility of the insensitive parent as a resource, to follow the former route and become depressed. However, there was a tendency in boys to continue to display

external signs of distress, some of which elicited negative responses, but the explicit nature of his behaviour meant that he was noticed by others and had a greater likelihood of receiving attention. It is unclear from this study whether the costs of this process for the boy outweigh, or are balanced by the returns and it would require a longitudinal study to clarify that issue.

This raises the issue of how we assess the impact of a situation on the child if, as is often the case, we look for active changes in the child's behaviour. The criteria of disturbance most commonly employed is one which concentrates on changes in the child's behaviour which cause the parent stress [e.g. nightmares, refusing to eat, anxiety about separations, angry outbursts etc.]. The child who becomes quiet and compliant is rarely referred and may only be identified when his parent or sibling is referred, if the social worker makes a thorough family assessment as the first stage of her initial contact.

The timetable of mourning

The analysis has shown that the child has a strong, instinctive drive to mourn, but that many are unable to do so for one or more of a number of reasons. The analysis has also shown that the child's mourning may need to be delayed if his environment is not secure enough, but it does not go away. The maxim 'Time is a great healer' could not be more wrong. The passing of time may dull the edge of the emotional pain but it does not remove the cause. There is evidence from adult studies that, if not now, then later on in the child's life he will need to have an opportunity to mourn. The difficulty with delayed mourning is that other experiences intervene and complicate an already delicate and complex process. The adult may have more difficulty connecting with childhood losses, the nature and meaning of which may have become obscured by others and altered by the overlay of developmental changes. These points add support for the view that it is important to create the secure environment so that the child can mourn his current losses now rather than later.

The Role of the Quantitative Instruments

One of the more practical issues arising from the study concerned the social workers' and the quantitative instruments. Social workers' general reservations about form-filling being in conflict with the counselling image they wished to promote had been anticipated and the instruments were selected or designed with this in mind. The outcome showed that for the social workers it had been satisfactorily accommodated within the research design and the practice requirement. The parents, however, had very different responses.

The parent's instruments had been carefully chosen or specifically designed to present as non-threatening, which turned out to be the case as evidenced in the parents' responses to them. Most were very interested in the items and their significance, and said that filling them helped them to focus on the child and think about him in a more specific, detailed manner than was usual, or than she had done before. When an item was scored positively this initiated discussion about how the child manifested the behaviour and why that might be so.

Everything in the forms was related to the bereavement, therefore the focus was on the bereaved child and his distress and what that meant to the parent. The forms effectively defined the focus of the intervention as the parent-child relationship and helped the parent focus on the child in a clear and structured fashion. It also confirmed the parent in the role of 'expert', in that she knew more than anyone else what he was like. In the case of the sensitive parent this was a positive start to the sessional work with the social worker, but with the insensitive parent it was of mixed value. Although the process resulted in an accurate picture of the child, it was one which was suffused with the insensitive parent's dislike, resentment or ambivalence for him. The social worker was unable to challenge the parent's view of the child at this point, and neither would it have been appropriate to do so, but in these cases the exercise provided a useful indicator of the tenor of the parent-child relationship.

The relationship between detailed recording, good practice and the lack of supervision

The structured sessional records required the social workers to record each session but left the amount of detail up to them. Some recorded in great detail and sent tightly typed, double-sided sheets but, it was apparent that there was no association between the quantity of recording and the quality of practice. Some social workers appeared to be unable to make the connections between what they knew, what it meant and what they could do about it. One of the independent assessors commented in respect of the social worker involved with Joanna :

The social worker colludes with the mother's defences. Her recording is packed with background detail, all the history and psycho-social information one could want, but she makes no connections between them. She sees it all but does not know what to do with it, so she does nothing. She is going through the motions, observing the grief but her practice has no intellectual form or vigour.

Another commented on the practice of the social worker involved with Danielle:

The social worker had a decidedly biased view of the needs of the family. She was unable to see beyond the needs of the father and provide a real service for the child. She gave a disproportionate amount of time and energy to his concerns, which she then allowed to define what was possible for the child. The father needed so much that very little was possible for the child. It seemed that each time the social worker felt that she should focus a little more firmly on the child, the father introduced another personal crisis or piece of personal information which generated more sympathy for him and diverted her from the child's experience. He 'charmed' her away from the child and she was too easily drawn under his spell.

Although the social worker referred to him as being 'out of control', at no time did he give me the impression of being anything other than in total control of the situation and her. He orchestrated the breakdown of the family and stepped to one side when the time of change actually came about. He

repeatedly absolved himself of all responsibility and sought and gained the social worker's approval to behave in the way he did. He may not have done it consciously, but the social worker did not push hard enough to get him to analyse what he was doing to the child by meeting his own needs. In effect she colluded with him by not trying hard enough for the child.

Independently of each other, the assessors describe the social workers as "colluding" with the parents. Whilst they recognise the attention the social workers pay to the detail of their recording, they too notice the lack of connection made between the mechanics of recording and analysis. The social workers are clearly very capable and, on one level, very aware of what is happening but they do not apply the thought essential to the process of recording which translates it from a practice exercise to an asset. That is not to say that every time one records each record is an example of perfect practice applied to professional insight, but recording is an inert medium if it is not applied to the practice.

The link between detailed recording and passive practice may be that none of the social workers was receiving regular or meaningful supervision, which has been discussed earlier [see Chapter 15]. The issue of managing the balance of practice supervision with the research was considered within the research design .

I was aware that the provision and quality of supervision was very variable, and indeed had practised without it during my time as a hospice social worker. It was expected that not every social worker would receive practice supervision, however, I had not anticipated that none would. When we consider the intensity of each case that the hospice social worker carries on her caseload, it is both remarkable and unrealistic to expect her to carry out such demanding practice and maintain good standards and her own health under such conditions. Indeed, one social worker resigned her post due to stress during the course of the study. Although the role of supervision is noted here because of its links with this study, it is recognised that it is a fit subject of a study on its own.

The Graveside Family Sculpt

The data collated about the funeral arrangements proved to be a rich source of insights. The analysis showed that the manner in which the funeral is managed, who is involved, how decisions are made, what happens on the day, crystallises the immediate and extended families' attitudes, beliefs and rifts in a series of tableaux which culminate in the graveside configuration, as it were.

In one family [C2] the twin sister of the father banishes herself from the funeral because of a longstanding rift between herself and their mother. The mother attends the funeral because of appearances, not because she was fond of the dead parent or her son. The brittle facade of social pretence elucidates the family's longstanding need to present the 'right' image to the world, regardless of the reality of their relationships, and illuminates the influences that have formed the father's view of himself. The funeral encapsulated the extended family dynamic and value system in a concentrated experience of family diplomacy.

In another family [C4] the father's in-laws have long disapproved of him and attempt to sabotage the funeral. They refuse to go to the service in an official funeral car and pointedly wait round the corner, while the first funeral car is filled with mourners. The second funeral car, hired for them, was virtually empty. They then tail the cortege to the cemetery. Nobody talks to anybody. The extended family refuse to support the father afterwards. His final collapse is seen as a victory by the father-in-law regardless of the devastating effect it has upon the child.

The ways in which families muster themselves within formal celebrations and rituals says much about their values and history. The critical events that precede and surround death through degenerative illness provide an extended opportunity for assessment of the family's resources and coping strategies. It could be a useful focus for the assessment process for social workers, one which is not intrusive but part of the natural process of review.

The Reason for Referral

Although the reasons for referral were included in the analysis, the study has indicated the importance of the underlying motivation for referral and its possible associations with the 'ghosts in the nursery' historical perspective on the bereavement, as much as the child's current distress. There were four possible explanations which came to mind why the child was nominated for referral:

- i] the parent perceived the child to be in need of resources she did not have
- ii] the parent perceived herself to be in need of resources but could not refer herself so referred the child
- iii] the parent was coerced into accepting help from another person
- iv] the parent wanted to blame the child [e.g. for his behaviour, for the death etc.] and engaged the social worker as a co-conspirator

It is possible that one or more may apply at any one time, as in the case of the ambivalent parent who may simultaneously want to help and blame and the child. It is reasonable to suppose that the underlying motivation will have a bearing upon the intervention's potential for success and will have particular relevance when considering what is a reasonable outcome.

The relationship between the child's ordinal position in the sibling group and mourning

It was noted that all but one of the children in the sample were the oldest in the sibling group. The children in the experimental group all commented on aspects of their relationships with the parent who had died which made them special to the parent over their brothers and sisters. Other than Holly, who was an only child, they all made some reference to the fact that they were the parents' first baby and therefore special because of their ordinal position within the sibling group. The child's younger siblings perhaps do not have language at the time of the death, have not been swimming with the

parent or have memories of watching a favourite television programme or film with him, and this then becomes special for the bereaved child because it is a unique experience he had which his sibling could not and, sadly, will not have. This could result in the oldest child feeling:

- i] separate from his siblings and enjoying it
- ii] he has lost more than his siblings
- iii] closer to the surviving parent because they have different experiences to the other children
- iv] the younger child has lost more because he did not have those experiences
- v] that the younger child has been cheated

All of these possible responses support the argument that although siblings may have a shared experience of bereavement, it is not the same experience and each child's bereavement is unique to him.

The association between tangential tasks or activities and the promotion of mourning

There was an association between parents who undertook tasks which were integral or tangential to the processes of mourning [e.g. decorating, creating a new home, compiling a photograph album etc.] and the promotion of the mourning conversation. The vehicle of the activity appeared to create a medium for mourning-related issues to be introduced in association with the changes integral to the activity. There was a suggestion that the vehicle made the subject easier to broach and safer to explore, possibly because the shared activity reduced the intensity of the focus. This is one of the principles that underpinned the structure of All About Me and is an active element in its effectiveness. The same principle informed the design of the Playwork Book and defined its role within the research. It is possible that the introduction of shared activities as a practice technique could facilitate mourning with parents and children who present as inhibited, or who are resisting initiating the process.

An example from my own practice shows how simple exercises can be very effective. I was working with a recently bereaved parent who suspected that her six-year-old daughter, Lucy, was having difficulty accepting that she would never see her father again. We thought together what would help Lucy and what the mother could manage to do. After considering these issues, I suggested she went with Lucy to choose and buy a pretty tin and put in it all the small gifts her father had given her and which she now treasured: a small note pad, some beads, pencils, a hair bobble, a postcard, a handkerchief and such like. Going together to choose the tin and placing the different items in it started them talking about how and when her father had given Lucy each gift and sharing their memories of him. Putting the lid on tin each time confirmed for Lucy that this was a finite collection and that there would be no more gifts to add to her collection. Each time the lid went on it reminded her mother of this painful reality, but she felt she could bear it because it was helping her daughter.

The Role of the Playwork Book

The analysis revealed the Playwork Book to be an additional resource for the child. I had designed it specifically for the research to balance the need to collect data with the child's need to have a pleasurable, therapeutic experience with the social worker. I was also mindful of the age range and gender issues within the contents, all of which created considerable constraints. Therefore, I had limited expectations of its role outside of those elements and, indeed, would have been very satisfied if most of them had been fulfilled.

I was gratified to discover that the children not only liked the idea of a book to structure the sessions, but also appreciated the uniqueness of the publication to them. Each child saw his book as belonging exclusively to him and thought about it in the intervals between the sessions, as a bridge to the social worker. I saw this as part of the process of internalising his model of the social worker and thereby strengthening the relationship in the intervals.

The structure within the sessions and the declared ethos of the relationship as a

partnership were significant factors in making the sessions secure, purposeful and pleasurable for the child. The cover of the book carried symbols which represented the promise of confidentiality within the relationship and the potential it had for fun which, in my experience, is an essential lubricant in playwork with children. The contract was instantly understood and its significance appreciated as was the reciprocity of the first shared exercise. These experiences accelerated the process of establishing the conversation and promoted the principles of the partnership.

It was with this understanding of the significance of the book that the way in which the children used it as a bridge to the parent had added meaning. One child who was particularly anxious about her mother's love for her used it after her first session to try to communicate with her. Another talked about it with his parent as a gift they could share at the end of the sessions. Several children remembered the story, Forever Friends, and recounted it to the parent or their younger sibling after the session, which was taken to be part of their mourning conversation.

As expected, all of them used it to chart their progress through the sessions. They made mental notes of how far through it they were and connected that to the social worker's reminder at each session of how many sessions remained. In this way it helped to define the temporal boundaries of the intervention, which children often find difficult to conceptualise or accept. The use of the playwork book within the research practice leads to the conclusion that, in the context of a structured intervention, it promotes responsible practice and develops good practice skills in social workers who are relatively inexperienced in direct work with children.

The Roles of All About Me within the Research and the Practice

The All About Me session was scheduled at a time in the intervention when it was expected that all three individuals would feel relaxed with each other which, from the analysis of the tapes, appeared to be the case. The board game effectively provided a third object within the practice against which it was possible to see the constellation of

relationships between social worker, parent and the child more clearly. The audio recording also made it possible to construct a more accurate record of the session than the written record because the data were not being filtered through the medium of the social worker. In addition, the combination of the tape transcript and the social worker's record of the session gave me an opportunity to compare her interpretation of the session with mine and consider other disparities which may have arisen during the analysis. As a research instrument it was a very useful and very appropriate method of assessing the practice and the personalities.

The ways in which each person responded to it provided some interesting insights. For example, all the children were very enthusiastic to play and did not object to sharing the social worker with the parent, or to having the parent in 'their' playroom. They were very sensitive to the significance of some of the statements and responded with often thoughtful and poignant remarks. The parents, on the other hand, were usually a little more reserved to start with, but soon warmed to the activity. They too treated the game as an opportunity to think hard about their experiences and often responded with very moving and deeply personal statements about their feelings.

The social workers, with the exception of the disorganised one, managed the session very well. The additional demands of organising the recording equipment and the game were relatively easily managed. Most had practised using it, as they were advised to do, to get used to it as a medium for conversation. [One social worker told me on the telephone that she had practised at home with her own children, a few nights before the session, and had heard things from them she had not known before!].

On the whole the session modelled for the parent and the child a way of being more open with each other and actively listening to each other which was pleasurable for them. The use of All About Me was constructive to and coherent with the social worker's practice, and the data it provided was invaluable to the research analysis.

Bereavement groups

It has been argued that the effect on the child of his therapeutic relationship with the social worker and the benefits of his experience of the sessions were instrumental in the reduction of his distress and promotion of his mourning conversation. However, the issue of his sense of social alienation or 'heightened vulnerability' has still to be addressed in relation to practice.

The analysis has shown that individual sessions can not reduce or prevent the child from feeling different to his non-bereaved peers. He is aware that his friends do not understand his experience of loss and can not appreciate his changed view of the world. This creates a hiatus in his social relationships and, in the absence of compensatory factors, results in a feeling of alienation.

The relationship with the social worker is a mixed blessing because, although she was a compensatory factor she also confirmed the child's bereavement status. It may be that increased social vulnerability is an unavoidable corollary for this model of intervention, particularly when other supports do not materialise.

I have argued that, as individual resources, peers and siblings have a limited value to the bereaved child, however it has been suggested [see Chapter 20] that a group of bereaved peers could fulfil the child's need for support and provide him with a bereavement peer group. Some of the children in the sample identified children who had also been bereaved. They singled these bereaved peers out as significant to them for that reason, although there was no data to suggest that they actually developed a conversation about their shared bereavement experiences. The bereaved child has a need to belong but has nothing to belong to, which suggests that bereavement groups have a valuable role in combining the element of peer group with a secure, therapeutic environment. The group is not a substitute for individual sessions but can be a useful corollary for some children, providing they are carefully constructed, organised and managed. In my professional experience the provision of such a peer group is one of the

most positive features of such groups for children of this age and older, and for adults.

The Absence of Awareness of Child Protection Issues

It was concerning that Child Protection issues were not actively considered by the social workers. There were two cases where there were unequivocal examples of excessive smacking and emotional abuse, but neither of the social workers drew attention to the need to consider these several instances within a child protection framework. It was also noticeable that none of the social workers mentioned the Child Protection rider to confidentiality to the parent and one said she did not understand what 'harm' meant in the child's contract statement.

Two of the social workers were ex- Child Protection workers and one had been a senior social worker in a local authority child-care team before taking up her hospice post. This raises concerns about the level of practice with regard to child protection in hospices generally and raises questions about the reasons why social workers go into hospice social work, possibly to avoid such issues. Although neither of these matters are resolvable here, they are noted as a practice issue arising from the study.

Concluding Comments to Practice Issues Arising from the Research

The study raised several issues about practice in this field, some of which have relevance to other practice areas. In an attempt at brevity I have not explored them in great detail, although some would benefit from closer and fuller attention than afforded here. Some of the areas raised by the study which warrant further consideration are raised in the final chapter and the following appendix as issues others might want to research.

APPENDIX 5

QUESTIONS FOR FURTHER RESEARCH

Questions For Further Research

Introduction

The analysis has clarified some of the issues and brought to the fore other areas to be examined. Some arise directly out this study and others have a broader application to other fields of practice and the social work profession in general. The eventual size of the sample have compromised the results and the conclusions that can be drawn from the data, which in itself raises questions for future research studies into social workers' attitudes to research.

Possible Subjects for Future Research

Longitudinal follow up of a larger sample

This study has shown that it is possible to gather data about a child's current experience in a manner appropriate to the ethical constraints of research and good practice. One of its strengths has been that it is not retrospective as most bereavement studies are, and has data directly from the child and over a period of time. A longitudinal study could provide more accurate data with regard to the relative merits of the two models, which a larger study could have built in to the research design. This body of data would give an interesting additional level of findings which could contribute much to our understanding of the factors which influence the longer term outcome for children.

The issue of why additional supports for the child did not develop

The teacher's lack of response to the child in conjunction with his declared sense of vulnerability, raises questions about what more could be provided to encourage others to offer themselves to the child or respond to his overtures. Information alone does not appear to be enough, and neither does the combination of information within the context of continuing social work support appear to be effective. An examination of where and from whom children derive support when the parent is unresponsive would elucidate

and possibly resolve some of these issues, and indicate other areas where social work might have an effective role.

The need to develop a child-friendly mourning questionnaire

As a result of my review of the literature and the questionnaires currently available, it was apparent that there is no one mourning questionnaire suitable for children of primary school age. Those that already exist rely upon a long list of questions which would bore or exhaust most children of this age. The questionnaire in the playwork book was couched in the context of the social work relationship and spread the interview over a whole session, which would not be feasible for most interviewers. However, it held some indicators of how others might develop such an instrument further. The fact that it created a tempo of responding to questions, completing sentences and activities, and held most children's attention and interest and did not cause them distress were important outcomes. Although the Hansburg and Klagsbrun-Bowlby tests were discounted for this study, picture stimuli are in principle worth pursuing, within the boundaries of the ethical caveats discussed earlier. It is possible that the child's responses to mourning could be more accurately and succinctly assessed and understood if a child- and interviewer-friendly questionnaire could be developed.

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